



INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

Giardiasis

Entered in DRSi?

Reported to health dept?

<https://drsi.health.mil/ADRSi>

POC: _____

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference

(____) - ____ - _____

Outbreak investigations must be reported immediately to DRSi through the outbreak module.

DEMOGRAPHICS

NAME: (Last) _____ (First) _____ (MI) _____ PARENT/GUARDIAN: _____

DOB: ____/____/____ AGE: _____ FMP: _____ SEX: M F Unk RACE: _____

UNIT: _____ SERVICE: _____ RANK: _____ DUTY STATUS: _____

ADDRESS: (Street) _____ DoD ID: _____

(City) _____ (State) _____ (Zip) _____ (____) - ____ - _____ (h)

(County) _____ (Country) _____ PHONE: _____ (____) - ____ - _____ (c)

CLINICAL INFORMATION

Provider: _____ Clinic/Hospital: _____

Hospitalized Y N Admit date: ____/____/____ Discharge date: ____/____/____

Deceased Y N Date of death: ____/____/____ Cause of death: _____

Symptomatic Y N Onset date: ____/____/____ Clinic date: ____/____/____ Diagnosis date: ____/____/____

Fever Y N Max Temp: _____ °F/°C (unk) Duration of symptoms: _____ Still ill

Bloating Y N Describe any other symptoms or pertinent clinical information (including underlying conditions):

Diarrhea Y N

Abdominal Cramps Y N

Malabsorption Y N

Weight Loss Y N

Other (describe):

Laboratory results:

Test type: Culture PCR Antibody Other: _____

Collection Date: ____/____/____ Result date: ____/____/____

Result: Positive Negative Details: _____

Antibiotic Treatment

Treated with antibiotics? Y N Unk

Details: _____

Incubation Period: Usually 3–25 days or longer; median 7–10 days

Travel History (Deployment history) - Details (start with most recent travel/deployment)

Location (City, State, Country)	# In Group (if applicable)	Principal reason for trip	Date Travel Started	Date Travel Ended

CONTACTS

List all household contacts, ill or not ill, and any close contacts regardless of where they live (i.e., caregivers, partners, etc). Indicate for all contacts if high risk; if symptomatic, give onset date and testing information. List additional contacts on the last page of this form if needed.

Name/Contact	Age	Relationship to case	Symptoms		Onset Date	Lab testing	High Risk		
			Yes	No		Y/N, coll. date, result	Day care	Health care	Food Svc.

ENVIRONMENTAL EXPOSURES

In the 3 - 25 days before illness onset, from ____/____/____ to ____/____/____ did [you/your child]:

WATER-RELATED EXPOSURES	YES	NO	UNK	<i>If yes, details:</i>
1. Stay in a home with a septic system?				
2. Primarily use water from a well for drinking water?				<i>Treatment:</i>
3. Primarily drink bottled water?				<i>Brand(s):</i>
4. Drink any untreated water (pond, lake, etc)?				
5. Swim or wade in untreated water?				<i>Where?</i>
6. Swim or wade in treated water (pool, hot tub, etc)?				<i>Where?</i>
ANIMAL CONTACT	YES	NO	UNK	<i>If yes, details:</i>
1. Have contact with an animal?				
If yes, did [you/your child] have contact with a:				
a. Dog				
b. Cat				
c. Other pet mammal				<i>Specify:</i>
d. Reptile or amphibian				<i>Specify:</i>
e. Live poultry				
f. Pet bird				
g. Cattle, goat, or sheep				<i>Specify:</i>
h. Pig				
i. Other animal				<i>Specify:</i>
j. Pet with diarrhea				
2. Visit, work, or live on a farm, ranch, or petting zoo?				<i>Specify:</i>
3. Have exposure to a daycare or nursery?				<i>Where?</i>
4. Have a household or close contact with diarrhea?				<i>Who?</i>
5. Work in a restaurant or prepare food for others?				<i>Specify:</i>