

POC:

Entered in DRSi?

## **INVESTIGATION WORKSHEET**

Confirmed

Probable

Not a Case

**Heat Illness** 

**Heat Stroke** 

**Heat Exhaustion** 

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

DEMOGRAPHICS										
NAME: (Last)		(First)			_ (MI)	1	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)					РНО		(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 Ma	x Temp:°F/°C (	unk)						
Weakness	Y	N	Indicate all clinical features present: (check all that apply)				Activity at the time of illness		Worst Observed Mental Status	
Fatigue	Y	N	Organ Damage				General	work duties/field	Alert and Oriented	
Ataxia	Y	N	Hypo/hyperkalemia Elevated AST or ALT Elevated CK Rhabdomyolysis/myoglobinuria				exercise		Confused	
Dizziness	Y	N					Off duty		Obtunded*	
Headache	Y	N					Individu Unit PT	ial PT	Unresponsive*	
Nausea/Vomiting	Y	N	Central nervous dysfunc			Not reco	orded	*Any case with a loss of consciousness		
Malaise	Y	N	Physical collapse Debilitation Encephalopathy Change in mental status (describe below)				vironm	ental Exposures	or altered mental status beyond confusion or dizziness may meet the	
Loss of consciousness	* <b>Y</b>	N						oe:°F/°C °F/°C	Heat Stroke case definition for DRSi reporting. A heat stroke clinical diagnosis by a provider is <b>not</b>	
Other (describe):	Y	N					ibe any othe	relevant information below	required to meet the Heat Stroke case	
Describe any other rel	evant inf	ormation here	2:							