



INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

Hepatitis A Hepatitis B Hepatitis C

Entered in DRSi?

Reported to health dept?

POC: _____

(____) - ____ - _____

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

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: _____ I _____ Clinic/Hospita

Y N

Hospitalized Admit date: ____/____/____ Discharge date: ____/____/____

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

Y N

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

Fever Max Temp: _____ °F/°C (unk)

Headache

Malaise

Anorexia

Nausea

Vomiting

Diarrhea

Abdominal pain

Jaundice

Elevated ALT

Specify the type of hepatitis:

Acute

Chronic

Date of diagnosis: ____/____/____
(If chronic)

Does case work in, live in, or attend a high-transmission setting such as food handling, daycare, school, group living, etc:

Y N If yes, where: _____

If case is asymptomatic, why was case tested?

VACCINATION HISTORY

Y N Vaccination Date(s)

Is the case vaccinated? 1st: ____/____/____ 2nd: ____/____/____ 3rd: ____/____/____

If not ever vaccinated, why?

Religious Exemption

Medical Contraindication

Philosophical Objection

Lab Evidence of Previous Disease

MD Diagnosis of Previous Disease

Under Age for Vaccination

Parental Refusal

Other: _____

Unknown

LABORATORY RESULTS

COMMENTS

Test <i>(type of test performed)</i>	Collection Date	Source <i>Circle Type</i>	Result	
Antibody	____/____/____	Serum Urine	CSF Other	Positive Negative
Antigen	____/____/____	Serum Urine	CSF Other	Positive Negative
PCR (DNA)	____/____/____	Serum Urine	CSF Other	Positive Negative
Culture	____/____/____	Serum Urine	CSF Other	Positive Negative
Screen	____/____/____	Serum Urine	CSF Other	Positive Negative
Other <i>Describe below</i>	____/____/____	Serum Urine	CSF Other	Positive Negative

(+) Hep A IgM without symptoms is NOT REPORTABLE

HBsAg = Hepatitis B surface antigen
 HBc-IgM = Hepatitis B core antigen
 HBeAg = Hepatitis B e antigen
 PCR = Hepatitis nucleic acid (DNA or RNA)
 anti-HCV = Hepatitis C antibody

TRAVEL HISTORY

In the 5 weeks before illness onset (when symptoms started), did the case.....

1. Recently travel?	Y	N	Unk	(If yes) Reason for travel	Deployment	Visiting Friends
2. Was travel out of country?	Y	N	Unk		TDY	Business (non-DoD)
3. Did case receive theater/ country clearance before recent out-of-country trip?	Y	N	Unk		Vacation	Other: _____

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

Include any other relevant information below: