



# INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

Entered in DRSi?

Reported to health dept?

## Hepatitis A Hepatitis B Hepatitis C

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

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  Max Temp: \_\_\_\_\_ °F/°C ( unk)

Headache

Malaise

Anorexia

Nausea

Vomiting

Diarrhea

Abdominal pain

Jaundice

Elevated ALT

<u>Specify the type of hepatitis:</u>  Acute  Chronic  Date of diagnosis: ____/____/____ (If chronic)	<u>Does case work in, live in, or attend a high-transmission setting such as food handling, daycare, school, group living, etc:</u>  <input type="checkbox"/> Y <input type="checkbox"/> N If yes, where: _____ _____ _____
	<u>If case is asymptomatic, why was case tested?</u> _____ _____

### 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	
<b>Antibody</b>	____/____/____	Serum Urine CSF Other	<b>Positive</b>	<b>Negative</b>
<b>Antigen</b>	____/____/____	Serum Urine CSF Other	<b>Positive</b>	<b>Negative</b>
<b>PCR (DNA)</b>	____/____/____	Serum Urine CSF Other	<b>Positive</b>	<b>Negative</b>
<b>Culture</b>	____/____/____	Serum Urine CSF Other	<b>Positive</b>	<b>Negative</b>
<b>Screen</b>	____/____/____	Serum Urine CSF Other	<b>Positive</b>	<b>Negative</b>
<b>Other</b> <i>Describe below</i>	____/____/____	Serum Urine CSF Other	<b>Positive</b>	<b>Negative</b>

(+) 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:*