INVESTIGATION WORKSHEET

DHA≋ Defense Health Agency ®

Entered in DRSi?

Reported to health dept?

POC: _____

(_____) - _____ - _____

Hepatitis A
Hepatitis B
Hepatitis C

Confirmed   Probable   Not a Case

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)* _____

*(County)*_____ *(Country)*_____

PHONE:

(_____) - _____ - _____ *(h)*

(_____) - _____ - _____ *(c)*

CLINICAL INFORMATION

Provider:_____ **Clinic/Hospital:**_____

	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 settin such as food handling, day care, 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

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

TRAVEL HISTORY

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

1. **Recently travel?**   Y   N   Unk

2. **Was travel out of country?**   Y   N   Unk

3. **Did case receive theater/**   Y   N   Unk
country clearance before recent out-of-country trip?

(If yes) **Reason for travel**

Deployment   Visiting Friends
TDY   Business (non-DoD)
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: