



INVESTIGATION WORKSHEET

Confirmed Not a Case

Influenza-Associated Hospitalization

Entered in DRSi?

Reported to health dept?

Army Disease Reporting System internet (ADRSi) link: <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: _____

(*If this case was not hospitalized AND if this case is OLDER THAN 65 years old, the case is NOT reportable in DRSi)

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

Specify the virus type: Unk Type A Type B Specify Virus subtype (e.g., H1N1, H3N2): _____

Vaccinated Y N Date of vaccination: ____/____/____ Type: Shot (TIV) Nasal Mist (LAIV)

LABORATORY RESULTS

COMMENTS

Test <i>(type of test performed)</i>	Collection Date	Source <i>Circle Type</i>	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
Rapid Test	____/____/____	Serum CSF Urine Other	Positive	Negative
Other <i>Describe below</i>	____/____/____	Serum CSF Urine Other	Positive	Negative

Comments area for laboratory results.