



INVESTIGATION WORKSHEET

Confirmed Probable Suspect Not a Case

Legionnaires' disease

Entered in DRSi?

Legionellosis

Pontiac fever
Extrapulmonary
Legionnaires' disease

Reported to health dept?

<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)

PHONE:

(County) _____ (Country) _____ (____) - ____ - ____ (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) Was the case diagnosed with Legionellosis? Y N

Myalgia Describe any other symptoms below:

Cough

Sore throat

Chills

Fatigue

Headache

Clinical pneumonia

Other (describe)

Did the case have any underlying causes or prior illness? Y N Unk

If yes, describe: _____

Is this case part of an outbreak? Y N Unk

If yes describe: _____

DRSi outbreak report number: _____

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TREATMENT

Treated with antibiotics? Y N

Type of antibiotic	Date Started	Duration
1. _____	____/____/____	_____
2. _____	____/____/____	_____
3. _____	____/____/____	_____

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	
Convalescent sera	____/____/____	Serum Urine CSF Other	Positive	Negative	
Other <i>Describe below</i>	____/____/____	Serum Urine CSF Other	Positive	Negative	

TRAVEL HISTORY

In the **(INCUBATION PERIOD)** 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: _____

*Incubation period: Legionnaires' Disease = 2-14 days; most often 5-6 days
Pontiac fever = 5-72 hours; most often 24-48 hours

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

Additional comments: