



INVESTIGATION WORKSHEET

Cutaneous, Mucosal, & Mucocutaneous

Confirmed Not a Case

Leishmaniasis

Entered in DRSi?

Visceral

<https://drsi.health.mil/ADRSi>

Reported to health dept?

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: _____
Y N

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

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

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

Fever Max Temp: _____ °F/°C (unk)

Lesions Describe lesions: _____

Hepatosplenomegaly

Lymphadenopathy

Pancytopenia

TRAVEL HISTORY

In the (INCUBATION PERIOD) before illness onset (when symptoms started), did the case..... *Incubation period: at least 7 days, up to several months

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: _____

List locations traveled: _____

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	
Microscopic ID	____/____/____	Serum CSF Urine Other	Positive Negative	
PCR (DNA)	____/____/____	Serum CSF Urine Other	Positive Negative	
Culture	____/____/____	Serum CSF Urine Other	Positive Negative	
Other <i>Describe below</i>	____/____/____	Serum CSF Urine Other	Positive Negative	