



INVESTIGATION WORKSHEET

Confirmed

Not a Case

Leprosy

Entered in DRSi?

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)

(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: _____

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

Specify the type of Leprosy

Tuberculoid

Y N

Well-demarcated, hypopigmented, and hypoesthetic/anesthetic skin lesions

Skin lesions have active, spreading edges and a clearing center

Peripheral nerve swelling/thickening

Other features (describe below)

Lepromatous

Y N

Erythematous papules and nodules

Infiltration of the face, hands, and feet with lesions in a bilateral and symmetrical distribution

Thickening of skin with reduced sensation

Other features (describe below)

Borderline (dimorphous)

Y N

Skin lesions characteristic of both the tuberculoid and lepromatous forms

Indeterminate

Y N

Early lesions, usually hypopigmented macules, without developed tuberculoid/lepromatous features but with definite identification of acid-fast bicilli in Fite stained sections

TREATMENT

Treated with antibiotics? Y N

Type of antibiotic _____ Date Started _____ Duration _____

1. _____ /____/____ _____

2. _____ /____/____ _____

3. _____ /____/____ _____

LABORATORY RESULTS

COMMENTS

Test <small>(type of test performed)</small>	Collection Date	Source <small>Circle Type</small>	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
Screen	____/____/____	Serum Urine CSF Other	Positive	Negative
Other <small>Describe below</small>	____/____/____	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: Average is between 3 and 10 years; range can vary from a few weeks to 30 years

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

Describe any other relevant information below: