



INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

Leptospirosis

Entered in DRSi?

Reported to health dept?

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

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: ____/____/____

Fever Max Temp: _____ °F/°C (unk)

Myalgia

Headache Describe rash and/or any other symptoms below:

Jaundice

Hemorrhage

Rash (describe)

Complications*

Other (describe)

*Complications	
Conjunctival suffusion	Pulmonary complications
Thrombocytopenia	Cardiac involvement
Aseptic meningitis	Renal insufficiency/failure
Hepatitis	Gastrointestinal involvement

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
MAT	___/___/___	Serum Urine CSF Other	Positive	Negative
Other <small>Describe in comments</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: 2-30 days, typically 5-14 days

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

Exposures in the 30 days prior to illness onset, specify if the patient had:

<u>Animal Contact</u>		<u>Water Contact</u>	
Farm livestock	Where: _____	Standing fresh water (e.g. lake, pond)	Where: _____
Wildlife	Where: _____	River/stream	Where: _____
Rodents	Where: _____	Wet soil	Where: _____
Dogs	Where: _____	Flood water, run-off	Where: _____
Other: _____	Where: _____	Sewage	Where: _____
No known contact	Where: _____	Other: _____	Where: _____
Unknown		No known contact	Where: _____
		Unknown	

- Did the case stay in housing with evidence of rodents? Y N Unk
- Was there heavy rainfall near the case's place of residence, work site, activities, or travel? Y N Unk
- Was there flooding near the case's place of residence, work sites, activities, or travel? Y N Unk
- Did the case have similar exposures as another contact diagnosed with leptospirosis in the 30 day period? Y N Unk