



INVESTIGATION WORKSHEET

Confirmed Probable Suspect Not a Case

Listeriosis

Entered in DRSi?

Reported to health dept?

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

Hospitalized Admit date: ____/____/____ Discharge date: ____/____/____ Location: _____

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

Y N

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

Fever Max Temp: _____ °F/°C (unk)

Headache Describe any other symptoms below:

Stiff neck

Confusion

Loss of balance

Convulsions

Muscle aches

Other (describe)

Any pre-existing medical conditions?

Immunocompromised

On dialysis

Cancer

Pregnant

Other: _____

What is the source of this infection:

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	(+) antibody is NOT reportable to DRSi
Antigen	____/____/____	Serum Urine CSF Other	Positive	Negative	
PCR (DNA)	____/____/____	Serum Urine CSF Other	Positive	Negative	(+) PCR is NOT reportable to DRSi
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 = Variable, Commonly 2-3 weeks on average, up to 70 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

Describe any other relevant information below: