

Entered in DRSi?	Arboviral Disease: _____ <small>Please specify</small>	Confirmed	Probable	Not a case
Reported to health dept?	Chikungunya Virus	Confirmed	Probable	Not a case
POC: _____	Dengue Virus	Confirmed	Probable	Not a case
(____) - ____ - ____	Malaria	Confirmed	Suspect	Not a case
	Zika Virus	Confirmed	Probable	Not a case

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

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 Y N Max Temp: _____ °F/°C (unk)

Rash Y N

Chills/sweats Y N

Arthralgia Y N

Myalgia Y N

Nausea/vomiting Y N

Headache Y N

Fatigue Y N

Conjunctivitis Y N

Joint swelling Y N

Neurological symptoms Y N

Complications* Y N

MEDICAL HISTORY

(Provide dates and all known details for each question)

History of mosquito-borne illness? Y N Describe: _____

Immune suppression? Y N Describe: _____

Underlying illness? Y N Describe: _____

Transfusion or transplant <30 days before onset? Y N Describe: _____

Describe any other pertinent medical information: _____

CHEMOPROPHYLAXIS		IF PREGNANT:	*IF COMPLICATIONS: <small>(check all that apply and describe below)</small>	DIAGNOSIS
Was chemoprophylaxis taken?	Y N	Is case pregnant? Y N Trimester: _____	Encephalitis/meningitis Acute flaccid paralysis Lymphopenia Leukopenia Severe plasma leakage Severe organ involvement Severe bleeding Coma	Did provider diagnose this current illness as a mosquito-borne disease? Yes (mark all that apply) Chikungunya V. Dengue V. Malaria Zika V. "mosquito-borne illness" Other: _____ No, NOT a mosquito-borne illness Describe: _____
If yes, please indicate:		Pregnancy complications? Y N Describe: _____		
Chloroquine	Doxycycline	Evidence of microcephaly or Guillain-Barre syndrome?(Zika) Y N		
Mefloquine	Malarone			
Started: ____/____/____	Ended: ____/____/____			

MALARIA ONLY

Specify malaria species:

Falciparum Vivax

Malariae Ovale

Unspecified Other: _____

- Arboviral Disease incubation periods for mosquito-borne diseases are:**
- West Nile fever - most often 2-6 days, ranges up to 2-14 days, up to 21 days for immunocompromised
 - West Nile encephalitis - most often 2-6 days, ranges up to 2-14 days,
 - Japanese encephalitis (JE) - 5-15 days
 - Western Equine encephalitis (WEE) - 5-15 days
 - Eastern Equine encephalitis (EEE) - 4-10 days
 - St. Louis encephalitis (SLE) - 5-15 days
 - California encephalitis (CE) - 3-7 days

TREATMENT

Treated with antibiotics? Y N

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

LABORATORY RESULTS

Test	Pathogen	Collection Date	Source	Result
<i>(type of test performed)</i>	<i>(Specify if Dengue, CHIK, etc)</i>		<i>(CSF, Serum, etc)</i>	<i>(Ex: IgM positive, IgG negative)</i>
Antibody <small><i>Acute sera</i></small>	_____	____/____/____	_____	_____
Repeat aby <small><i>Convalescent sera</i></small>	_____	____/____/____	_____	_____
PCR (DNA)	_____	____/____/____	_____	_____
Culture	_____	____/____/____	_____	_____
Other	_____	____/____/____	_____	_____

Additional labs (if case has co-infection)

Antibody <small><i>Acute sera</i></small>	_____	____/____/____	_____	_____
Repeat aby <small><i>Convalescent sera</i></small>	_____	____/____/____	_____	_____
PCR (DNA)	_____	____/____/____	_____	_____
Culture	_____	____/____/____	_____	_____
Other	_____	____/____/____	_____	_____

TRAVEL HISTORY

In the 3 months 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: _____

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