



INVESTIGATION WORKSHEET

Measles

Confirmed

Probable

Not a Case

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: _____

Y N

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

Fever Max Temp: _____ °F/°C (unk)

	Epidemiologic Link	*If the case has a rash, describe:
Rash*	Y N	Rash onset: ____/____/____
Cough/coryza		Rash duration: _____
Conjunctivitis		Describe rash: _____
Other (describe)		_____

VACCINATION HISTORY

Y N Vaccination Date(s)

Is the case vaccinated? ____/____/____ 2nd: ____/____/____ 3rd: ____/____/____

If not ever vaccinated, why?

Religious Exemption

Medical Contraindication

Philosophical Objection

Lab Evidence of Previous Disease

MD Diagnosis of Previous Disease

Under Age for Vaccination

Parental Refusal

Other: _____

Unknown

LABORATORY RESULTS

COMMENTS

Test	Collection Date	Source	Result	
<i>(type of test performed)</i>		<i>Circle Type</i>		
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 <i>Describe below</i>	___/___/___	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: From exposure to rash onset averages 14 days with a range of 7-21 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

Include any other pertinent information below: