



# INVESTIGATION WORKSHEET

Confirmed Probable Suspect Not a Case

## Meningococcal Disease

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: \_\_\_\_\_  
Y N

Hospitalized Admit date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

Deceased Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cause of death: \_\_\_\_\_

Vaccinated Y N Date of vaccination: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type: Meningococcal conjugate Nasal mist

Y N

Symptomatic Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Clinic date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fever Max Temp: \_\_\_\_\_ °F/°C ( unk)

Headache

Stiff neck

Nausea

Vomiting

Photophobia

Altered Mental Status

### TREATMENT

Treated with antibiotics? Y N

Type of antibiotic Date Started Duration

1. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ \_\_\_\_\_

2. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ \_\_\_\_\_

3. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ \_\_\_\_\_

# LABORATORY RESULTS

# COMMENTS

Test <i>(type of test performed)</i>	Collection Date	Source <i>Circle Type</i>	Result	
<b>Antibody</b>	____/____/____	Serum Urine	CSF Other	Positive Negative
<b>Antigen</b>	____/____/____	Serum Urine	CSF Other	Positive Negative
<b>PCR (DNA)</b>	____/____/____	Serum Urine	CSF Other	Positive Negative
<b>Culture</b>	____/____/____	Serum Urine	CSF Other	Positive Negative
<b>Screen</b>	____/____/____	Serum Urine	CSF Other	Positive Negative
<b>Other</b> <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 | <i>(If yes)</i> Reason for travel | Deployment | Visiting Friends   |
| 2. Was travel out of country?  | Y | N | Unk |                                   | TDY        | Business (non-DoD) |
| 3. Did case receive theater/<br>country clearance before recent out-of-country trip? | Y | N | Unk |                                   | Vacation   | Other: _____       |

\*Incubation period: 3-4 days, with a range of 2-10 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