

Mumps

https://drsi.health.mil/ADRSi

Entered in DRSi?
 Reported to health dept?
 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	*Did the case experience any of the following:
Headache	Y N	Orchitis Mastitis
Myalgia		Oophortitis Pancreatitis
Fatigue		Aseptic meningitis Hearing loss
Loss of appetite		Encephalitis Permanent nerve damage
Swollen glands		Describe: _____
Swollen testicles		_____
Complications*		_____

VACCINATION HISTORY

Y N Vaccination Date(s)

Is the case vaccinated? 1st: ____/____/____ 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 <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
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: Usually 16–18 days; can range from 12 to 25 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: