



INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

Novel and Variant Influenza

Entered in DRSi?

Reported to health dept?

<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: _____

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 Max Temp: _____°F/°C (unk)

Flu-like symptoms

Does case work in, live in, or attend a high-transmission setting such as food handling, daycare, school, group living, etc:	Epidemiological Link	
Y N <i>If yes, where:</i>	Y N	
	Is this case a contact of a confirmed case of novel or variant influenza?	
	Was this case exposed to animals known to transmit novel or variant influenza (e.g., wild birds, poultry, swine)?	
	If yes, describe what: _____	

TRAVEL HISTORY

In the 4 days before illness onset (when symptoms started), did the case.....

1. Recently travel? Y N Unk

2. Was travel out of country? Y N Unk

3. Did this case travel to an area with known cases of novel or variant influenza? Y N Unk

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

LABORATORY RESULTS

COMMENTS

Test <i>(type of test performed)</i>	Collection Date	Source <i>Circle Type</i>	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 <i>Describe below</i>	____/____/____	Serum Urine	CSF Other	Positive	Negative	

Include any other relevant information below: