



INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

Poliomyelitis

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: ____/____/____

Deceased Date of death: ____/____/____ Cause of death: _____

Y N

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

Fever Max Temp: _____ °F/°C (unk)

Sore throat

Fatigue

Nausea

Headache

Stomach pain

Paresthesia

CLINICAL FORM

VACCINATION HISTORY

Paralytic

Non-Paralytic

Y N

Has the case been vaccinated against Polio?

Dose #1: ____/____/____

Dose #2: ____/____/____

Dose #3: ____/____/____

Dose #4: ____/____/____

TREATMENT

Treated with antibiotics? Y N

Type of antibiotic Date Started Duration

1. _____ /____/____ _____

2. _____ /____/____ _____

3. _____ /____/____ _____

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 | <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/
country clearance before recent out-of-country trip? | Y | N | Unk | | Vacation | Other: _____ |

*Incubation period: generally 7–14 days, range of 3–35 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