



# INVESTIGATION WORKSHEET

Confirmed

Not a Case

Entered in DRSi?

## Post-Exposure Prophylaxis against Rabies

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: \_\_\_\_\_

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

Exposure type (check all that apply): Bite Scratch Saliva Slept near Other (describe): \_\_\_\_\_

Specify the implicated animal species (if known): Dog Cat Bat Raccoon Other (describe): \_\_\_\_\_

Specify the anatomical site of exposure: Arm/hand Leg/foot Torso Head/face Other (describe): \_\_\_\_\_

Did the case receive organ donations from suspect or known human cases of rabies? Yes No If yes, what?: \_\_\_\_\_

Has the case been previously vaccinated against rabies? Yes No If yes, when & where?: \_\_\_\_\_

Any pertinent exposure history (e.g., occupational, high risk)? Yes No If yes, what?: \_\_\_\_\_

Any inadvertent bat contact? Yes No If yes, when & where?: \_\_\_\_\_

### TRAVEL HISTORY

In the 5 weeks 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 travel TDY Business (non-DoD)
- 3. Did case receive theater/ country clearance before recent out-of-country trip? Y N Unk Vacation Other: \_\_\_\_\_

#### 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

## PEP RECORD

*Filling out this portion of the form is optional. This information is not required to be entered in DRSi.*

Shot #	Day #	Date Due	Clinic	Injection (circle vaccine given)	Date Given	Dose	Lot #	Injection Site	Signature of Provider
HRIG & first vaccination given first day of treatment (day 0); 3 additional rabies vaccinations given on days 3, 7, & 14 (counted from day 0).									
1 of 1	0			HRIG					
1 of 4	0			RabAvert or Imovax #1*					
2 of 4	3			RabAvert or Imovax #2*					
3 of 4	7			RabAvert or Imovax #3*					
4 of 4	14			RabAvert or Imovax #4*					
Persons with immunosuppression, rabies PEP should be administered using a 5-dose vaccine regimen									
IF NEEDED	28			RabAvert or Imovax #5*					

## COMMENTS