



INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

Q Fever

Acute
Chronic

Entered in DRSi?

Reported to health dept?

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.

Army Disease Reporting System internet (ADRSi) link: <https://drsi.health.mil/ADRSi>

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: _____

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

Fever Max Temp: _____ °F/°C (unk)

Other (describe) Describe other symptoms or relevant clinical information:

Any pre-existing medical conditions?

Immunocompromised Valvular heart disease or vascular graft Pregnancy Other: _____

EXPOSURE HISTORY

Occupation at time of illness: _____

Exposure to birthing animals? Y N Unk If yes, what animal: _____

Exposure to unpasteurized milk? Y N Unk If yes, what animal: _____

Other family members with illness? Y N Unk If yes, who: _____

Any contact with animals within two months prior to onset? (check all that apply)

Cattle Goats Cats Sheep Pigeons Rabbits Other: _____

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 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		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

Describe any other relevant information below: