



INVESTIGATION WORKSHEET

Confirmed

Not a Case

Prior to filling out this form, you MUST notify DCPH-A & local Public Health Department IMMEDIATELY
DCPH-A: 410-417-2377

Human Rabies

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.

POC: _____

(____) - ____ - ____

If case does NOT have rabies and was only potentially EXPOSED to rabies, please use the Post-Exposure Prophylaxis against Rabies form.

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) Onset date: ____/____/____ Duration (in days): _____

Headache Onset date: ____/____/____ Duration (in days): _____

Weakness Onset date: ____/____/____ Duration (in days): _____

Discomfort Onset date: ____/____/____ Duration (in days): _____

Anxiety Onset date: ____/____/____ Duration (in days): _____

Confusion Onset date: ____/____/____ Duration (in days): _____

Agitation Onset date: ____/____/____ Duration (in days): _____

Delirium Onset date: ____/____/____ Duration (in days): _____

Abnormal behavior Onset date: ____/____/____ Duration (in days): _____ Specify behavior: _____

Insomnia Onset date: ____/____/____ Duration (in days): _____

Other (describe) Onset date: ____/____/____ Duration (in days): _____ Describe: _____

EPIDEMIOLOGIC

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?: _____

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)</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: within 10 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 on this case below: