



INVESTIGATION WORKSHEET

Confirmed Not a Case

Tick-borne relapsing fever
Louse-borne relapsing fever

Relapsing Fever

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)

Headache
Mylagia
Arthralgia
Nausea
Other (describe) _____
Describe any other relevant symptoms or clinical history:

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	
Microscopic identification	____/____/____	Serum Urine CSF Other	Positive Negative	
PCR (DNA)	____/____/____	Serum Urine CSF Other	Positive Negative	
Culture	____/____/____	Serum Urine CSF Other	Positive Negative	
Intraperitoneal inoculation in laboratory mice/rats	____/____/____	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/clearance before recent out-of-country trip? | Y | N | Unk | | Vacation | Other: _____ |
- *Incubation period: Tick-borne relapsing fever = 2-18 days
Louse-borne relapsing fever = 5-15 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

EXPOSURE HISTORY

Y N

Is there documented exposure to lice and/or ticks? If yes, when: ____/____/____ to ____/____/____

If yes, where: (city) _____ (state) _____ (country) _____

Describe tick(s): _____ Describe louse: _____

Please document exposure history (e.g., occupational exposures):