



# INVESTIGATION WORKSHEET

Confirmed Not a Case

## Rift Valley Fever

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>

POC: \_\_\_\_\_

(\_\_\_\_) - \_\_\_\_ - \_\_\_\_

### 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)

Liver Abnormalities

### TREATMENT

Treated with antibiotics? Y N

Type of antibiotic	Date Started	Duration
1. _____	____/____/____	_____
2. _____	____/____/____	_____
3. _____	____/____/____	_____

# LABORATORY RESULTS

# COMMENTS

Test <i>(type of test performed)</i>	Collection Date	Source <i>Circle Type</i>	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 <i>Describe below</i>	___/___/___	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/	Y	N	Unk		Vacation	Other: _____

country clearance before recent out-of-country trip?      **\*Incubation Period Variable, 2-7 days on average**

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