



# INVESTIGATION WORKSHEET

Confirmed Probable Suspect Not a Case

## Rubella

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.

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: \_\_\_\_\_

Y N

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

Fever Max Temp: \_\_\_\_\_ °F/°C ( unk)

Arthralgia

Lymphadenopathy

Conjunctivitis

Rash\*

#### Epidemiologic Link

Y N

Is the case epidemiologically linked to another confirmed to a probable/confirmed case of Rubella?

Is this case part of a larger group/community outbreak?

#### \*If the case has a rash, describe:

Rash onset: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rash duration: \_\_\_\_\_

Describe rash: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### VACCINATION HISTORY

Y N Vaccination Date(s)

Is the case vaccinated? 1st: \_\_\_\_/\_\_\_\_/\_\_\_\_ 2nd: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3rd: \_\_\_\_/\_\_\_\_/\_\_\_\_

If not ever vaccinated, why?

Religious Exemption

Medical Contraindication

Philosophical Objection

Lab Evidence of Previous Disease

MD Diagnosis of Previous Disease

Under Age for Vaccination

Parental Refusal

Other: \_\_\_\_\_

Unknown

## 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 **(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: 14–21 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 below:*