



INVESTIGATION WORKSHEET

Confirmed Probable Suspect Not a Case

Severe Acute Respiratory Syndrome (SARS)

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: _____

Y N

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

Fever Max Temp: _____ °F/°C (unk)

Dry cough Rigors

Shortness of breath Headache

Chills Sore throat

Muscle aches

Diarrhea

TREATMENT

Treated with antivirals? Y N

Type of antiviral 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 week before illness onset (when symptoms started), did the case..... (Incubation period 2-14 days)

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)				
<i>Location (City, State, Country)</i>	<i># In Group (if applicable)</i>	<i>Principal reason for trip</i>	<i>Date Travel Started</i>	<i>Date Travel Ended</i>