



# INVESTIGATION WORKSHEET

Confirmed    Probable    Suspect    Not a Case

## Smallpox

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)

Rash    Rash onset: \_\_\_\_/\_\_\_\_/\_\_\_\_    Describe rash:

Vesicles/Pustules

Other (describe)

Describe other symptoms or relevant clinical information:

### VACCINATION AND EXPOSURE

#### Vaccination History

Y    N

Has the case been vaccinated against smallpox?

Vaccination date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Any adverse effects?

#### Exposure History

Y    N

Does the case work in, live in, or attend a high-transmission setting?

If yes, where:

## LABORATORY RESULTS

## COMMENTS

Test <small>(type of test performed)</small>	Collection Date	Source <small>Circle Type</small>	Result		
<b>Antibody</b>	____/____/____	Serum Urine    CSF Other	<b>Positive</b>	<b>Negative</b>	
<b>Antigen</b>	____/____/____	Serum Urine    CSF Other	<b>Positive</b>	<b>Negative</b>	
<b>PCR (DNA)</b>	____/____/____	Serum Urine    CSF Other	<b>Positive</b>	<b>Negative</b>	
<b>Culture</b>	____/____/____	Serum Urine    CSF Other	<b>Positive</b>	<b>Negative</b>	
<b>Screen</b>	____/____/____	Serum Urine    CSF Other	<b>Positive</b>	<b>Negative</b>	
<b>Other</b> <small>Describe below</small>	____/____/____	Serum Urine    CSF Other	<b>Positive</b>	<b>Negative</b>	

## TRAVEL HISTORY

In the incubation period, **7-19 days**, 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: _____       |

### 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

Provide any additional relevant information below: