



INVESTIGATION WORKSHEET

Ehrlichiosis/Anaplasmosis	Confirmed	Probable	Suspect	Not a case
Lyme Disease	Confirmed	Probable	Suspect	Not a case
Powassan Virus	Confirmed	Probable	Suspect	Not a case
Tick-Borne Encephalitis	Confirmed	Probable	Suspect	Not a case
Spotted Fever Rickettsiosis	Confirmed	Probable	Suspect	Not a case

Entered in DRSi?

Reported to health dept?

POC: _____

(____) - ____ - _____

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference.

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)

PHONE: _____

(County) _____ (Country) _____ (____) - ____ - _____ (c)

CLINICAL INFORMATION

Provider: _____ Clinic/Hospital: _____

Hospitalized Y N Admit date: ____/____/____ Discharge date: ____/____/____

Deceased Y N Date of death: ____/____/____ Cause of death: _____

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

Fever Y N Max Temp: _____ °F/°C (unk)

Rash Y N Describe rash: _____

Chills/sweats Y N

Headache Y N

Myalgia Y N

Arthralgia Y N

Other symptoms Y N

Complications* Y N

DIAGNOSIS

Did provider diagnose this current illness as a tick-borne disease?

Yes (mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Anaplasmosis | <input type="checkbox"/> Ehrlichiosis |
| <input type="checkbox"/> Lyme Disease | <input type="checkbox"/> Powassan V. |
| <input type="checkbox"/> Spotted Fever Rickettsiosis | <input type="checkbox"/> Tick-borne Encephalitis |
| <input type="checkbox"/> "tick-borne illness" | |
| Other: _____ | |

No, NOT a tick-borne illness

Describe: _____

LYME ONLY LATE MANIFESTATIONS:

Arthritis & joint swelling Y N

Lymphocytic meningitis Y N

Bell's palsy Y N

Radiculoneuropathy Y N

Encephalomyelitis Y N

2nd/3rd heart block Y N

TICK-BORNE ENCEPHALITIS ONLY

History of TBE vaccination Y N

Vaccination date: ____/____/____

Exposure to raw/unpasteurized dairy? Y N

Date of exposure: ____/____/____

*Describe complications:

- Encephalitis/meningitis
- Seizure(s)
- Heart failure
- Renal failure
- Other (describe above)

BLOOD VALUES

Anemia Y N

Leukopenia Y N

Thrombocytopenia Y N

Elevated liver enzymes Y N

DATE

Lowest Hgb: _____ Hct: _____

Lowest WBC: _____

Lowest PLT: _____

Highest ALP: _____ ALT: _____ AST: _____

PLEASE SEE LABORATORY VALUES AND EXPOSURE HISTORY ON BACK OF PAGE

TREATMENT

Treated with antibiotics? Y N

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

LABORATORY RESULTS

Test	Pathogen	Collection Date	Source	Result
<small>(type of test performed)</small>	<small>(specify if Lyme, HA, PV, etc)</small>		<small>(CSF, Serum, etc)</small>	<small>(Describe result)</small>
Antibody <small>Western blot or acute sera</small>	_____	____/____/____	_____	_____
Repeat aby <small>Convalescent sera</small>	_____	____/____/____	_____	_____
PCR (DNA)	_____	____/____/____	_____	_____
Culture	_____	____/____/____	_____	_____
Other	_____	____/____/____	_____	_____

Additional labs (if case has co-infection)

Antibody <small>Western blot or acute sera</small>	_____	____/____/____	_____	_____
Repeat aby <small>Convalescent sera</small>	_____	____/____/____	_____	_____
PCR (DNA)	_____	____/____/____	_____	_____
Culture	_____	____/____/____	_____	_____
Other	_____	____/____/____	_____	_____

EXPOSURE HISTORY

In the 3–30 days before illness onset, did the case.....

1. Have a known tick bite?*	Y	N	Unk	Details and date: _____
2. Recently travel?	Y	N	Unk	Location and dates: _____
-If yes, was travel duty-related?	Y	N	Unk	Location and dates: _____
3. Engage in outdoor activities?	Y	N	Unk	Location and dates: _____
-Habitat (wooded, brushy, grassy, etc): _____				
-Activity (PT, jogging, camping, etc): _____				
4. Use tick repellent?	Y	N	Unk	Type (Permethrin, DEET, etc): _____

*Note: A tick bite that occurred outside of the 32-day incubation period is not applicable.