



# INVESTIGATION WORKSHEET

Probable Not a Case

## Tetanus

Entered in DRSi?

Reported to health dept?

<https://drsi.health.mil/ADRSi>

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

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: \_\_\_\_\_  
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)

Jaw cramping

Muscle spasms

Muscle stiffness

Headache

Tachycardia

High blood pressure

### TREATMENT

Treated with antibiotics? Y N

Human tetanus immune globulin (TIG) Y N

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

# VACCINATION HISTORY

Y      N      Vaccination Date(s)

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

*Record any additional vaccination history on page 2*

### If not ever vaccinated, why?

- |                                  |                                  |              |
|----------------------------------|----------------------------------|--------------|
| Religious Exemption              | Medical Contraindication         | Other: _____ |
| Lab Evidence of Previous Disease | MD Diagnosis of Previous Disease |              |
| Under Age for Vaccination        | Parental Refusal                 |              |
| Unknown                          | Philosophical Objection          |              |

## 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:** Variable, usually 8 days, can range from 3 to 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