

## INVESTIGATION WORKSHEET

Confirmed Not a case Probable

## **Toxic Shock Syndrome**

Reported to healt	•		Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference.								
POC:		Outb	reak investigations must b	e reported immedi	ately to DRS	i through the out	break module https	://drsi.heal	lth.mil/AΓ	PRSi	
			DE	MOGRAI	PHICS						
NAME: (Last)					(MI)PARENT/GUARDIAN:						
OOB:/	/	AGE	:FMP:_	SEX:	M	F Unk R	RACE:				
JNIT:				SERVICE:		RANK:	DU	TY STA'	ΓUS:		
ADDRESS: (Street)						DoD ID:					
-			(State) (Zip) (Country)			PHONE:				(h)	
										(c)	
			CLINIC	AL INFO	RMAT	CION					
Provider:			Clinic/Hospital:								
Mospitalized	Y	N	Admit date:		_ Discl	narge date:					
Deceased	Y	N	Date of death:	//	Caus	e of death:					
Symptomatic	Y	N	Onset date:/_	/ Cl	inic date: _		Diagnosis	date:	/	/	
Fever	Y	N	Max Temp:	°F/°C ( unk	Durat	ion of sympto	oms:			Still ill	
Rash	Y	N	Describe any other symptoms or pertinent clinical information (including underlying conditions):							١.	
Vomiting	Y	N	Describe any other s	ympioms or peri	інені синіс	ai injormation	i (inciuaing una	riying co	nunions,		
Myalgia	Y	N									
Hypotension	Y	N									
Soft tissue necrosis	Y	N									
Specify the clinical fo	orm of t	he disease (	(Streptococcal or no	n-streptococcal)	):						
		Laboratory results:				Antibiotic Treatment					
Test type: Cult	ure	PCR	Antibody	Other:		Treated wit	th antibiotics?	Y	N	Unk	
Collection Date:			ılt date://			Details:					
Result: Posit	ive	Negativ	ve Details:								
Other relevant informa	tion:										