



INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

Tuberculosis

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: _____

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

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

Y N

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

Fever Max Temp: _____ °F/°C (unk)

Persistent cough

Chest pain or tightness

Bloody sputum

Weakness

Fatigue

Appetite/weight loss

Chills or night sweats

Epidemiologic Link

Y N

Is the case epidemiologically linked to a laboratory-confirmed case of Tuberculosis?

Is this case part of a larger group/community outbreak?

Other symptoms (describe below)

Describe: _____

HISTORY

Document the circumstances under which the case/patient was exposed including duty exposure, occupational activities, environmental exposures, or other high-risk activities.

Document if the case/patient works in, lives in, or attends a high-transmission setting such as food handling, daycare, school, group living, health care, training center, or ship.

Document evidence of drug resistance.

If applicable, document the case/patient's BCG (tuberculosis vaccine) immunization history.

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 **2 days to then weeks** 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

TREATMENT

Treated with antibiotics? Y N

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

Include any other pertinent information for this case below: