INVESTIGATION WORKSHEET

DHA Defense Health Agency ®

Typhoid Fever

Confirmed   Probable   Not a Case

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 https://drsi.health.mil/ADRSi

Entered in DRSi?

Reported to health dept?

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: ____/_____/_____ Location: _____

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

	Y	N	

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

Fever Headache   Max Temp: _____°F/°C (unk)

Malaise   *Describe any other relevant symptoms or clinical history:*

Anorexia

Slow heart rate

Constipation

Diarrhea

Cough

Other *(describe)*

LABORATORY RESULTS   COMMENTS

Test *(type of test performed)*	Collection Date	Source *Circle Type*	Result	
Culture	_____/_____/_____	**Serum CSF** **Urine Other**	**Positive**	**Negative**
Other *Describe*	_____/_____/_____	**Serum CSF** **Urine Other**	**Positive**	**Negative**

EPIDEMIOLOGIC DATA

	Y	N	Unk

Is this case part of an outbreak?　　　　　　　　　　If yes, describe: _____

Has the patient been vaccinated
against typhoid?　　　　　　　　　　　　　　　　If yes, date of vaccination: _____/_____/_____

Is this case a food handler?　　　　　　　　　　　If yes, where:_____

TRAVEL HISTORY

In the 6 to 30 days incubation period , before illness onset (when symptoms started), did the case.....

1. **Recently travel?**	Y	N	Unk
2. **Was travel out of country?**	Y	N	Unk
3. **Did case receive theater/ country clearance before recent out-of-country trip?**	Y	N	Unk

(If yes) **Reason for travel**

Deployment　　　Visiting Friends
TDY　　　　　　Business (non-DoD)
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*

Additional comments: