



INVESTIGATION WORKSHEET

Varicella

Confirmed

Probable

Not a Case

Entered in DRSi?

Reported to health dept?

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

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)

Rash*

Other (describe below)

Epidemiologic Link

Y N

Is the case epidemiologically linked to another laboratory-confirmed case of Varicella?

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

*If the case has a rash, describe:

Rash onset: ____/____/____

Rash duration: _____

Describe rash: _____

VACCINATION HISTORY

Y N

Vaccination Date(s)

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

If not ever vaccinated, why?

Religious Exemption

Medical Contraindication

Philosophical Objection

Lab Evidence of Previous Disease

MD Diagnosis of Previous Disease

Under Age for Vaccination

Parental Refusal

Other: _____

Unknown

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, typically 14–16 days, can range 10–21 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

Does case works in, lives in, or attends a high-transmission setting such as food handling, daycare, school, group living, etc:

Y N

If yes, where: _____

Include any other pertinent information below: