



INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

Yellow Fever

Entered in DRSi?

Reported to health dept?

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

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 Max Temp: _____ °F/°C (unk)

Chills or rigors Describe any other symptoms or relevant clinical history below:

GI bleeding

Hemorrhagic signs*

Jaundice

Nausea

Vomiting

Back pain

Myalgia

Headache

Seizure

Liver failure

Other (describe)

Vaccination history

Y N

Was the case vaccinated against Yellow Fever?

Vaccination date: ____/____/____

Hemorrhagic signs

Describe what hemorrhagic signs this case experienced:

Protective Measures

Did the case:

Use bug spray

Bed nets

Permethrin

Sleep outside

Other (describe):

LABORATORY RESULTS

COMMENTS

Test	Collection Date	Source	Result		
<i>(type of test performed)</i>		<i>Circle Type</i>			
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 <i>Describe below</i>	____/____/____	Serum Urine	CSF Other	Positive	Negative

Y N

Does the case have cross-reactive serologies to other flaviviruses?

If yes, describe:

TRAVEL HISTORY

Incubation period - 3 to 6 days

In the 5 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

Describe any other relevant information below: