

## Reportable Disease Occurrence Worksheet

Instructions: Diseases/Conditions on reverse side are reportable to Virginia State Health Department and/or Department of the Army.

Options for Reporting Data – Phone – CHN – 878-4755 **and/or** Fax – 878-4533

Disease/Condition:		Diagnosis Confirmed Y <input type="checkbox"/> N <input type="checkbox"/>		Date:	
Patient Last Name			First		MI
FMP/Sponsor SSN		DOB	Rank	Race	Gender
Unit		Zip	Duty Phone		
Home Address <small>(Incl Zip Code)</small>			Home Phone		
Admitted? Y <input type="checkbox"/> N <input type="checkbox"/>	Date Admitted	Method of Confirmation <input type="checkbox"/> SL-Slide <input type="checkbox"/> CU-Culture <input type="checkbox"/> BI-Biopsy <input type="checkbox"/> SE-Serology <input type="checkbox"/> CL-Clinical <input type="checkbox"/> OT-Other			
Chemoprophylaxis: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Medications:</b> <input type="checkbox"/> Amantadine <input type="checkbox"/> Chlorquine <input type="checkbox"/> Erythromycin <input type="checkbox"/> Mefloquine <input type="checkbox"/> Rifampin <input type="checkbox"/> Ceftriaxon <input type="checkbox"/> Doxycycline <input type="checkbox"/> Isoniazid <input type="checkbox"/> Primaquine <input type="checkbox"/> Other <i><b>Only – Check all that apply</b></i>				
Lab (test date/result if known)			For Influenza: Influenza Vaccination Date:		
Pertinent Travel Out of Country (List all countries):					
<b>Heat Injury Only</b>					
Date & Time of Incident			Wet Bulb at Time of Injury (CHN to Provide)		
Max Rectal Temp		Multisystem Involvement Y <input type="checkbox"/> N <input type="checkbox"/>		Previous Heat Injury Yes <input type="checkbox"/> No <input type="checkbox"/>	
Activity at Time of Incident (e.g. PT, Moppgear)					
Diagnosis Description					
<b>Cold Injury Only</b>					
Date & Time of Incident			Wind Chill at Time of Injury		
Ambient Temperature		Body parts affected		Previous Cold Injury Yes <input type="checkbox"/> No <input type="checkbox"/>	
Degree of Injury		Diagnosis Description			
Typed/Printed Name of Submitting Health Care Provider				Signature	
Clinic				Date	

AIDS	b. Hepatitis B	Psittacosis
Amebiasis	Acute Disease (Igm+)	Q fever
Anthrax	HbsAg Positive Pregnant Women	Rabies human & animal
Arboviral Infection (e.g. EEE, LAC, SLE, WNV)	c. Hepatitis C (acute and chronic)	Rabies treatment, post-exposure
Biological Warfare Agent Exposure	HIV Infection	Relapsing fever
Botulism	Influenza	Rheumatic fever, acute
Brucellosis	Kawasaki syndrome	Rift Valley fever
Campylobacter	Lead elevated blood levels	Rocky Mountain Spotted Fever
Carbon Monoxide Poisoning	Legionellosis	Rubella
Chancroid	Leishmaniasis	Salmonellosis
Chemical exposure	a. Leish, cutaneous	Schistosomiasis
Chicken Pox	b. Leish, mucocutaneous	Shigellosis
Chlamydia	c. Leish visceral	Smallpox
Cholera	d. Leish, unspecified	Streptococcal disease, group A, invasive
Cold weather injury	Leprosy	Streptococcus pneumoniae if <5 yrs of age
a. frost bite	Leptospirosis	Syphilis
b. hypothermia	Listeria	a. Prim/Sec
c. immersion	Lyme Disease	b. Latent
d. unspecified	Lymphogranuloma Venereum	c. Tertiary
Creutzfeldt Jakob Disease (if <55 yrs of age)	Malaria	d. Congenital
Cryptosporidiosis	a. Vivax	Tetanus
Cyclosporiasis	b. Falciparum	Toxic shock syndrome
Dengue fever	c. Malariae	Toxic substance related illnesses
Diphtheria	d. Ovale	Trichinosis
E Coli 0157:H7	e. Unspecified	Trypanosomiasis
Encephalitis	Measles (Rubeola)	Tuberculosis, active
Ehrlichiosis	Meningococcal Disease	Tuberculosis, multi-drug resistant
Filariasis	a. Meningitis	Tularemia
Giardiasis	b. Septicemia	Typhoid fever
Gonorrhea	Mumps	Typhus fever
Granuloma Inguinale	Ophthalmia neonatorum	Unusual occurrence of disease of public health concern
Haemophilus Influenza	Outbreak	Urethritis, non-genococcal
Hantavirus infection	a. Foodborne	Vaccine reaction, adverse event
Hemolytic Uremic Syndrome(HUS)	b. Gastroenteritis	Vancomycin resistant staph aureus
Hemorrhagic fever	c. Noscomial	Varicella, active duty only
Hepatitis	d. URI	Vibrio infection
a. Hepatitis A (Igm+)	e. Waterborne	Viral Hemorrhagic Fever
	Pertussis	Yellow fever
	Plague	
	PKU	
	Pneumococcal Pneumonia	
	Poliomyelitis	

**Heat Cramps** – Heat Cramps are a form of muscle cramp brought on by exertion and insufficient salt.

**Heat Exhaustion** – This occurs when fluid losses from sweating and respiration are greater than internal fluid reserves (volume depletion). To understand heat exhaustion, think of a car with a radiator leak pulling a trailer up a mountain pass. There is not enough fluid in the system to cool off the engine so the car overheats. Adding fluid solves the problem.

**Heat Stroke** – Heat stroke is one of the few life threatening medical emergencies. Heat stroke is caused by an increase in the body's core temperature. Core temperatures over 105 degrees (41 degrees C) can lead to death. To understand Heat Stroke think of the same car pulling a trailer up a mountain pass on a hot day. This time the radiator has plenty of fluid, but the heat challenge of the engine combined with the external temperature is too much. The engine can't get rid of the heat fast enough and the engine overheats.

**Heat Syncope** – Heat syncope (fainting) is a mild form of heat illness which results from physical exertion in a hot environment. In an effort to increase heat loss, the skin blood vessels dilate to such an extent that blood flow to the brain is reduced, resulting in symptoms. Inadequate fluid replacement which leads to **dehydration** contributes significantly to this problem.

\* Rhabdomyolysis – Reportable heat related injury for DMSS purposes.