DISEASE AND INJURY REPORT FORM

US Army Center for Health Promotion and Preventive Medicine - Europe

Epidemiology Division FAX 486-8938

PATIENT DATA:

Last Name **First Name**

FMP **Social Security Number** — —

Date of Birth Day Month Year

Residence - City or Location (*e.g.* Landstuhl)

Gender: ○ MALE ○ FEMALE

Country* **APO**

Race: ○ WHITE ○ ASIAN ○ BLACK ○ AM. INDIAN ○ HISPANIC ○ OTHER

Category* **Grade** **Unit**

Unit Location - (*e.g.* Grafenwoehr) **Duty Phone** —

DISEASE DATA:

Diagnosis Code* .

Diagnosis (See Reverse for Malaria & Heat/Cold Injuries)

Onset of Symptoms Day Month Year

Confirmed: ○ YES ○ NO ○ PENDING

Method of Confirmation: ○ CLINICAL ○ BIOPSY ○ CULTURE ○ SEROLOGY ○ SLIDE ○ OTHER

Admitted: ○ YES ○ NO

Date of Admission Day Month Year

REPORTING SOURCE:

Health Care Provider: _____

CHN/PM POC: _____

Phone #: _____

Reporting MTF: _____

Comments/Additional Information:

Reported to:	**YES**	**NO**
Area PM Service…..…….....…	☐	☐
ERMC PM Consultant……....…. (Non-STD cases only)	☐	☐
CHPPM-EUR Epidemiology Div.....	☐	☐

***SEE REVERSE SIDE FOR CODES**

Disease and Injury Report Form

HEAT OR COLD INJURIES ONLY

Ambient temperature ___ . ___ ºC / ºF

Wind Speed ___ MPH

Rectal temperature ___ . ___ ºC / ºF

WBGT ___ . ___

Body Part or Organ System Affected: _____

Previous Heat or Cold injury: ○ YES ○ NO

Multi-system involvement: ○ YES ○ NO

MALARIA CASES ONLY

Pertinent Travel: ○ YES ○ NO

Country #1

Country #2

Malaria Chemoprophylaxis: ○ YES ○ NO

Prophylaxis #1

Prophylaxis #2

DISEASE CODES

006	Amebiasis
022	Anthrax
E997.1	Biological warfare agent exposure
005.1	Botulism
023	Brucellosis
008.43	Campylobacter
986	Carbon monoxide poisoning
989	Chemical agent exposure
099.41	Chlamydia
001	Cholera
114	Coccidiomycosis
991.3	Cold injury, frostbite
991.6	Cold injury, hypothermia
991.4	Cold injury, immersion type
991.9	Cold weather injury, unspecified
136.8	Cryptosporidiosis
007.8	Cyclospora
061	Dengue fever
032	Diphtheria
008.04	E. coli O157:H7
083.8	Ehrlichiosis
062	Encephalitis
125	Filariasis
007.1	Giardiasis
098	Gonorrhea
038.41	Haemophilus influenza, invasive
079.81	Hantavirus infection
992.3	Heat exhaustion
992	Heat stroke
065	Hemorrhagic fever
070.1	Hepatitis A, Acute
070.3	Hepatitis B, Acute
070.51	Hepatitis C, Acute
487	Influenza
984	Lead poisoning
482.8	Legionellosis
085.4	Leishmaniasis, cutaneous
085.5	Leishmaniasis, mucocutaneous
085.9	Leishmaniasis, unspecified
085	Leishmaniasis, visceral
030	Leprosy
100	Leptospirosis
027	Listeria
088.81	Lyme disease
084	Malaria, falciparum
084.2	Malaria, malariae
084.3	Malaria, ovale
084.6	Malaria, unspecified
084.1	Malaria, vivax
055	Measles
036	Meningococcal dis., Meningitis
036.2	Meningicoccal dis., Septicemia
072	Mumps
033	Pertussis
020	Plague
481	Pneumococcal pneumonia
045	Poliomyelitis
083	Q fever
071	Rabies, human
087	Relapsing fever
390	Rheumatic fever, Acute
066.3	Rift Valley fever
082	Rocky Mountain Spotted fever
056	Rubella
003	Salmonellosis
120	Schistosomiasis
004	Shigellosis
050	Smallpox
038	Streptococcus, Grp. A, invasive
090	Syphilis, congenital
096	Syphilis, latent
095	Syphilis, late (tertiary)
091	Syphilis, primary/secondary
097.9	Syphilis, unspecified
037	Tetanus
785.59	Toxic shock syndrome
124	Trichinosis
086	Trypanosomiasis
011	Tuberculosis, pulmonary
021	Tularemia
002	Typhoid fever
080	Typhus fever
099.4	Urethritis, non-gonococcal
979.9	Vaccine, adverse event
052.9	Varicella, active duty only
060	Yellow Fever

CATEGORY CODES

A11	Army active duty	F41	DEP Air Force active duty	N11	Navy active duty
A31	Army retired	F43	DEP Air Force retired	N31	Navy retired
A41	DEP Army active duty	M11	Marine active duty	N41	DEP Navy active duty
A43	DEP Army retired	M31	Marine retired	N43	DEP Navy retired
F11	Air Force active duty	M41	DEP Marine active duty	K59	Civilian/DEP Civilian
F31	Air Force retired	M43	DEP Marine retired	K79	Local National

COUNTRY CODES

BE	Belgium	FR	France	SP	Spain
BS	Bosnia-Herzegovina	GE	Germany	TU	Turkey
CR	Croatia	HU	Hungary	UK	United Kingdom
CZ	Czech Republic	IT	Italy	US	United States of America

PRIVACY ACT INFORMATION

Authority: Section 133, Title 10, United States Code (10 USC 133)

Purpose: The purpose of this form is to compile relevant patient information concerning communicable diseases and injuries occurring among Department of Defense personnel and family members stationed or operating in Europe.

Routine Uses: Used to monitor for the emergence of specific communicable diseases or outbreaks which pose a public health threat and to prepare data for inclusion in the U.S. Army Medical Surveillance System.

Disclosure: The requested information is mandatory for compliance with U.S., Host Nation and Army disease reporting laws and regulations. Failure to provide the requested information will prevent effective public health action and contribute to higher disease and injury rates.