



DoD Global Influenza Surveillance Program PROJECT GARGLE QUESTIONNAIRE



Please have each individual fill out this form if a Project Gargle swab was accomplished. Annotate in the remarks section when ordering in CHCS that the swab is for Project Gargle. (Local comments for handling here)

PATIENT INFORMATION

Name/Rank: _____ SSN: _____ Date: _____
 Base: _____ SQ: _____ DP: _____
 Service: _____ Status: _____
 When did symptoms start: _____
 Any co-workers sick? Y/ N/ UNK Family members sick? Y/N
 Current medical conditions? Y/N If YES, please list: _____
 Traveled recently? Y/N If yes, where/when: _____
 Sore throat or cough? Y/ N

CLINIC INFORMATION

An influenza-like illness (ILI) case must meet the following case definition:

1. Patients with fever (=100.5 degrees fahrenheit / 38 degrees centigrade, oral or equivalent),
2. And cough or sore throat (<72 hours duration)
3. Or patients with clinical radiographic evidence of acute non-bacterial pneumonia.

Detailed information can be found on the DoD Global Influenza Surveillance website:
<https://pestilence.brooks.af.mil/Influenza/>

Patient's Temp: _____ FMP/Sponsor SSN (if not Active Duty): ____/_____

Physician (name and number) : _____

Patient put on Quarter's? Y/N If yes, 24hrs 48hrs 72 hrs

Results: Date rec'd: _____ Pos____ Neg____ Type____
Positive results entered into AFRESS on _____

Local Point of Contact for questions:

PRIVACY ACT STATEMENT: The Social Security number is required to facilitate documentation of health care you have received. The primary use of this information is to aid in preventive health and communicable disease control programs. The requested information is voluntary. If the requested information is not furnished, CARE WILL NOT BE DENIED.