

Varicella (Chicken Pox) Report Form

Huron County Public Health– Epidemiology and Surveillance

Demographic Information

Child's Name

Parent's Name

Address

City

County

Zip

Phone

Date of Birth / Age

Sex: ☐ Male
☐ Female

Race: ☐ White ☐ Black ☐ Asian/PI
☐ Am Indian ☐ Other

Ethnicity: ☐ Hispanic
☐ Non-Hispanic

Clinical Information

Rash: ☐ Yes ☐ No ☐ Unknown

Onset Date: ____/____/____

Location of rash _____

Fever: ☐ Yes ☐ No ☐ Unknown

1st date child absent: ____/____/____
(due to chickenpox)

Received Varicella Vaccine: (check appropriate box)

☐ Yes ☐ No ☐ Unknown

If yes, date(s) of vaccination:

Varicella (VZV) dose 1: ____/____/____

Varicella (VZV) dose 2: ____/____/____

Severity of Varicella: (check appropriate box)

☐ < 50 lesions

☐ 50 – 500 lesions

☐ > 500 lesions

(Severity I)

(Severity II)

(Severity III)

Hospitalized: (check appropriate box)

☐ Yes ☐ No ☐ Unknown

Outcome: (check appropriate box)

☐ Alive ☐ Dead ☐ Unknown

Diagnosed by: (check appropriate box)

☐ Physician/Nurse ☐ School ☐ Parent ☐ Self ☐ Other _____

Reported date: ____/____/____

Report Source:

Name: _____ Agency/Site _____

(check appropriate box)

☐ School ☐ Pre-school/Childcare ☐ Physician ☐ Lab

Phone number (should further information be needed): _____

Reporting Information

When you have cases of chicken pox, please fax reports at the end of each week to:

419-668-0152

Questions? Please contact Melissa Caranfa at 419-668-1652 ext. 269 or mcaranfa@huroncohealth.com