

# Varicella Report Form



Public Health  
Protect. Promote. Prevent.  
Canton City Public Health

Canton City Public Health – Infectious Disease Surveillance

## Patient Demographics (Required)

Name:		Date of Birth:	
Address:		School Grade:	
City:	County:	Zip:	
Parent/Guardian:		Phone:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/PI <input type="checkbox"/> Am Indian <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	

Parent/Guardian Name:

## Clinical Information

Rash Onset Date: ___/___/___  OR 1 <sup>st</sup> date child absent: ___/___/___ (due to varicella)	Received Varicella Vaccine(s): (check appropriate box) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  If yes, date(s) of vaccination: Varicella (VZV) dose 1: ___/___/___  Varicella (VZV) dose 2: ___/___/___
--	--

Severity of Varicella: (check appropriate box)

- < 50 lesions     50 – 249 lesions     250 - 499 lesions     > 500 lesions

Hospitalized: (check appropriate box)

- Yes  No  Unknown

Rash Crusted: (check appropriate box)

- No  Yes, date: \_\_\_/\_\_\_/\_\_\_  Unknown

Visited a Health Care Provider: (check appropriate box)

- Yes  No If yes, please specify provider:

Reported date: \_\_\_/\_\_\_/\_\_\_

Reported by: \_\_\_\_\_

Facility: \_\_\_\_\_ Phone number: \_\_\_\_\_

(check appropriate box)

- School  Pre-school/Childcare  Physician Office  Stat Care

## Reporting Information

Please fax completed form to Canton City Public Health at 330.430.7857 by the end of the next business day. Please call with all questions or concerns.



Canton City Public Health – Nursing

Phone: 330.489.3322

Fax: 330.430.7857