# Varicella Report Form

**Demographic Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>[Enter Name]</td>
</tr>
<tr>
<td>Address</td>
<td>[Enter Address]</td>
</tr>
<tr>
<td>City</td>
<td>[Enter City]</td>
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<tr>
<td>County</td>
<td>[Enter County]</td>
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<tr>
<td>Zip</td>
<td>[Enter Zip]</td>
</tr>
<tr>
<td>Phone</td>
<td>[Enter Phone]</td>
</tr>
<tr>
<td>Date of Birth or Age</td>
<td>[Enter Date]</td>
</tr>
</tbody>
</table>

**Sex:**
- [ ] Male
- [ ] Female

**Race:**
- [ ] White
- [ ] Black
- [ ] Asian/PI
- [ ] Am Indian
- [ ] Other

**Ethnicity:**
- [ ] Hispanic
- [ ] Non-Hispanic

**Clinical Information**

- **Rash Onset Date:** [ ]/ [ ]/ [ ]
- **1st date child absent:** [ ]/ [ ]/ [ ]
  (due to chickenpox)
- **Received Varicella Vaccine:**
  - [ ] Yes
  - [ ] No
  - [ ] Unknown
- **If yes, date(s) of vaccination:**
  - Varicella (VZV) dose 1: [ ]/ [ ]/ [ ]
  - Varicella (VZV) dose 2: [ ]/ [ ]/ [ ]

**Severity of Varicella:**
- [ ] < 50 lesions (mild)
- [ ] 50 – 500 lesions (average)
- [ ] > 500 lesions (severe)

**Hospitalized:**
- [ ] Yes
- [ ] No
- [ ] Unknown

**Outcome:**
- [ ] Alive
- [ ] Dead
- [ ] Unknown

**Diagnosed by:**
- [ ] Physician/nurse
- [ ] School
- [ ] Parent
- [ ] Self
- [ ] Other [ ]

**Reported date:** [ ]/ [ ]/ [ ]

**Report Source:**
- Name: [Enter Name]
- Agency/Site: [Enter Agency/Site]

**Check appropriate box:**
- [ ] School
- [ ] Pre-school/Childcare
- [ ] Physician
- [ ] Lab

**Phone number (should further information be needed):** [Enter Phone Number]

**Reporting Information**

Please fax reports to:

330-752-7157

Questions? Summit County Public Health Communicable Disease Unit 330-375-2662