

# Varicella Report Form

Lake County General Health District - Public Health Division

## 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: \_\_\_/\_\_\_/\_\_\_

Received Varicella Vaccine: (check appropriate box)  
 Yes  No  Unknown

Location of rash \_\_\_\_\_

Fever:  Yes  No  Unknown

1<sup>st</sup> date child absent: \_\_\_/\_\_\_/\_\_\_  
(due to chickenpox)

If yes, date(s) of vaccination:

Varicella (VZV) dose 1: \_\_\_/\_\_\_/\_\_\_

Varicella (VZV) dose 2: \_\_\_/\_\_\_/\_\_\_

Severity of Varicella: (check appropriate box)

< 50 lesions  
(mild)

50 – 500 lesions  
(average)

> 500 lesions  
(severe)

Hospitalized: (check appropriate box)

Yes  No  Unknown

Outcome: (check appropriate box)

Alive  Expired  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

Please fax reports at the end of each work week to:

**FAX: 440-350-2956**

Questions? Please contact Communicable Disease Nurse: 440-350-2554

Revised: 01/11