VARICELLA (chickenpox) Reporting Form

Please use this form to report cases of varicella to Waco McLennan County Public Health District. You can fax a copy of this to (254) 750-5405 at the end of every week. Please complete as many of the questions as possible.

Onset Date _____/_____/_____ **Last day of school attended** _____/_____/_____	**History of Disease?** ◯ Yes ◯ No **Date of Disease** _____/_____/_____ **Vaccinated against Varicella?** ◯ Yes ◯ No **Number of Doses Received?** ◯ 1 ◯ 2 **Date(s) Varicella Vaccine Administered:** (1) _____/_____/_____ (2) _____/_____/_____			
LAST NAME	**FIRST**	**DOB**	**AGE**	**SEX**
ADDRESS	**CITY**		**ZIP CODE**	
PHONE	**RACE**		**HISPANIC?** ◯ Yes ◯ No	
Is this patient a contact to another known Varicella case? **Name of contact:** **Phone:**	**Was the patient hospitalized?** ◯ Yes ◯ No		**Did the patient have a fever?** ◯ Yes ◯ No **Date:**	
Was lab testing done for Varicella? ◯ Yes ◯ No **Lab test:** ◯ DFA ◯ PCR ◯ IgM ◯ IgG ◯ Other **Date:**_____ **Result:** **Ordering Physician:**	**Number of lesions in total:** ***(circle number of lesions)*** ◯ <50 ◯ 50-249 ◯ 250-499 ◯ 500+		**Did the patient attend daycare/after school care?** ◯ Yes ◯ No **Name of Facility:**	

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ADDRESS	**CITY**		**ZIP CODE**	
PHONE	**RACE**		**HISPANIC?** ◯ Yes ◯ No	
Is this patient a contact to another known Varicella case? **Name of contact:** **Phone:**	**Was the patient hospitalized?** ◯ Yes ◯ No		**Did the patient have a fever?** ◯ Yes ◯ No **Date:**	
Was lab testing done for Varicella? ◯ Yes ◯ No **Lab test:** ◯ DFA ◯ PCR ◯ IgM ◯ IgG ◯ Other **Date:**_____ **Result:** **Ordering Physician:**	**Number of lesions in total:** ***(circle number of lesions)*** ◯ <50 ◯ 50-249 ◯ 250-499 ◯ 500+		**Did the patient attend daycare/after school care?** ◯ Yes ◯ No **Name of Facility:**	

Name of Person Reporting: _____ **PHONE:** _____

Agency/Organization Name: _____

Address: _____

CITY: _____ **ZIP:** _____ **COUNTY:** _____

DATE REPORTED: _____

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
EMERGING AND ACUTE INFECTIOUS DISEASE BRANCH

STOCK NO. F11-11046
REVISED 6/12

Modified by Epidemiology Division Waco-McLennan County Public Health District for McLennan County use 01/13