



# Varicella Report Form

Seneca County General Health District

## Demographic Information

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

## Clinical Information

Rash: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Onset Date: ___/___/___  Location of rash: _____ Fever: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 1 <sup>st</sup> date child absent: ___/___/___ (due to chickenpox)	Received Varicella Vaccine: (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) <input type="checkbox"/> < 50 lesions (Severity I) <input type="checkbox"/> 50 – 500 lesions (Severity II) <input type="checkbox"/> > 500 lesions (Severity III)	
Hospitalized: (check appropriate box) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Outcome: (check appropriate box) <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown
Diagnosed by: (check appropriate box) <input type="checkbox"/> Physician/Nurse <input type="checkbox"/> School <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Other _____	

Reported date: \_\_\_/\_\_\_/\_\_\_  
 Report Source:  
 Name: \_\_\_\_\_ Agency/Site: \_\_\_\_\_

(check appropriate box)  
 School  Pre-school/Childcare  Physician  Lab

Phone number (should further information be needed): \_\_\_\_\_

**When you have cases of chicken pox, please fax these reports to**  
**Seneca County General Health District**  
**419-447-0872**