# Varicella Report Form

**Canton City Public Health – Infectious Disease Surveillance**

## Patient Demographics (Required)

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>School Grade</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
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</tbody>
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## Clinical Information

### Rash Onset Date

- **Rash Onset Date:** ___/___/____
- OR
- 1\(^{st}\) date child absent: ___/___/____
  (due to varicella)

### Received Varicella Vaccine(s)

- **Received Varicella Vaccine(s):** (check appropriate box)
  - □ Yes
  - □ No
  - □ Unknown

### Varicella (VZV) Dose

- Varicella (VZV) dose 1: ___/___/____
- Varicella (VZV) dose 2: ___/___/____

### Severity of Varicella

- **Severity of Varicella:** (check appropriate box)
  - □ < 50 lesions
  - □ 50 – 249 lesions
  - □ 250 - 499 lesions
  - □ > 500 lesions

### Hospitalized

- **Hospitalized:** (check appropriate box)
  - □ Yes
  - □ No
  - □ Unknown

### Rash Crusted

- **Rash Crusted:** (check appropriate box)
  - □ No
  - □ Yes, date: ___/___/____
  - □ Unknown

### Visited a Health Care Provider

- **Visited a Health Care Provider:** (check appropriate box)
  - □ Yes
  - □ No
  - If yes, please specify provider:

### Reported Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported date</td>
<td><em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>Reported by</td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td></td>
</tr>
<tr>
<td>Phone number</td>
<td></td>
</tr>
</tbody>
</table>

### Reporting Information

- **Facility:**
  (check appropriate box)
  - □ School
  - □ Pre-school/Childcare
  - □ Physician Office
  - □ Stat Care

- **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

- Updated 04/24/2019