

Varicella (Chicken Pox) Reporting Form

Use this form to report cases of varicella (chickenpox) to the local health department within 24 hours.

Do not report cases of zoster (shingles) on this form. Form can be faxed to:

Patient Information

Patient's name: (last) _____ (first) _____

Date of birth: ____ / ____ / ____ Gender: Male Female

Phone: home () - _____ work/cell () - _____

Address: _____

City: _____ State: IL ZIP: _____ County: _____

Diagnostic Information

Diagnosis Date: _____ Date reported to LHD: ____ / ____ / ____

Rash onset date: ____ / ____ / ____ Fever: Yes No Unknown If yes, onset date: ____ / ____ / ____

Rash type (check all that apply):

Macules Papules Vesicles Pustules Crusts/Scabs Itchy Painful Crops/waves

Distribution Generalized: rash affects 2 or more dermatomes Localized: rash affects one dermatome
(check all that apply **and** circle area(s) where lesions are most concentrated):

Arms Leg(s) Face/Head Inside mouth Trunk/Abdomen/Torso Palms of hands Soles of feet

Other, specify: _____

Laboratory and Provider/Facility Information

How was the case information obtained?

Face-to-face visit Phone call with case or parent Other, specify: _____

Types of specimen collected: <input type="checkbox"/> Vesicular swab <input type="checkbox"/> Maculopapular scraping <input type="checkbox"/> Crusts/scabs <input type="checkbox"/> Buccal swab <input type="checkbox"/> No specimen collected <input type="checkbox"/> Other, specify: _____	Physician: Phone: () - _____
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Testing Date: _____	Testing results: _____
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Person reporting: Phone: () - _____	Institution/clinic reporting: _____
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Disease History and Vaccination

Has patient been diagnosed with chickenpox previously? Yes No Unknown

If yes, age of diagnosis: _____ or Year of previous diagnosis: _____

If yes, previously diagnosed by: Physician/health care provider Parent/Friend Other

Did patient receive varicella-containing vaccine? Yes No Unknown

If yes, number of doses: 1 2 Unknown

Exposure Information

Is patient a health care worker? Yes No Unknown

If yes, direct patient contact? Yes No Unknown

Does patient have contact with children in child care or school? Yes No Unknown

Is this patient linked by time and place to other chicken pox cases? Yes No Unknown

If yes, how/where? _____