

# Varicella Report Form

Geauga County Health District – Communicable Disease

## Demographic Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth or Age \_\_\_\_\_

Sex:  Male  
 Female

Race:  White  Black  Asian/PI  
 Am Indian  Other

Ethnicity:  Hispanic  
 Non-Hispanic

## Clinical Information

Rash Onset Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

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

Received Varicella Vaccine: (check appropriate box)

Yes  No  Unknown

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  Dead  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:**

**(440) 285-4305**

Questions? Call Geauga County Health District (440) 279-1950