## Public Health-Madison and Dane County

# Varicella Easy Report

(For use by school nurses and other community reporters)

**Patient/student demographics**

Name:       DOB:       (dd/mm/year) [ ]  M [ ]  F

Address (Street and number/city-town/zip):

Parent/guardian (if under 18):

Home phone:       Parent(s) Work phone:

School or child care facility name/place of work name/institution:

|  |  |
| --- | --- |
| **Race**[ ]  American Indian/Native Alaskan[ ]  Asian[ ]  Black/African American[ ]  White[ ]  Hawaiian or Pacific Islander[ ]  Other/specify:        | **Ethnicity:** Hispanic[ ]  Yes[ ]  No |

Reported by:       Date:       (dd/mm/year)

School or Center:

(Please provide any additional information that you have.)

**Disease information**

Onset of symptoms:       (dd/mm/year)

Severity of symptoms: [ ]  Fewer than 50 lesions

[ ]  50 to 499 lesions

[ ]  500 or more lesions

Linked to another case of chickenpox? [ ]  Yes [ ]  No

Name of that case:

Was chickenpox verified by physician or nurse? (Child was seen) [ ]  Yes [ ]  No

Clinic or physician name:

**Immunization history of varicella**

[ ]  None Varicella #1:       (dd/mm/year)

Varicella #2:       (dd/mm/year)

or

[ ]  Unknown

**FAX TO PUBLIC HEALTH-MADISON AND DANE COUNTY AT (608) 266-4858.**

**Do not email or SAVE this information in your electronic files to protect confidentiality.**