### VARICELLA EASY REPORT

(For use by school nurses and other community reporters)

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| **PATIENT/STUDENT DEMOGRAPHICS:** | | | |
| Name: | DOB (dd/mm/yyyy): | | M  F |
| Address: | City:       Zip: | | |
| Parent/guardian (if under 18): | | | |
| Home phone: | Parent(s) work phone: | | |
| School or child care facility name/place of work name/institution: | | | |
|  | | | | |
| **RACE:** | | | **ETHNICITY:** | |
| American Indian/Native Alaskan  Asian  Black/African American  White  Hawaiian or Pacific Islander  Other/specify: | | | **Hispanic?**  Yes  No | |

Reported by:      Date (dd/mm/yyyy):

School or Center:

(Please provide any additional information that you have.)

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| **DISEASE INFORMATION:** |
| Onset of symptoms (dd/mm/yyyy): |
| 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: |

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| **IMMUNIZATION HISTORY OF VARICELLA:** | |
| None or  Unknown | Varicella #1 (dd/mm/yyyy):  Varicella #2 (dd/mm/yyyy): |

**Fax to Public Health Madison & Dane County at (608) 266-4858**

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