## 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.**