### 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 [ ]  NoName of that case:        |
| Was chickenpox verified by physician or nurse? (Child was seen) [ ]  Yes [ ]  NoClinic 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.**