VARICELLA (chickenpox) Reporting Form

Please use this form to report cases of varicella to your local health department - City of Amarillo Department of Public Health Fax: (806) 378-6306   Phone: (806) 378-6321. Please complete as many of the questions as possible. A report should still be submitted if all questions cannot be answered.

Onset Date
_____/_____/_____
Last day of school attended
_____/_____/_____

History of Disease?   Yes   No   Date of Disease _____/_____/_____

Vaccinated against Varicella?   Yes   No   Number of Doses Received?   1   2

Date(s) Varicella Vaccine Administered: (1) _____/_____/_____   (2) _____/_____/_____

LAST NAME	FIRST	DOB	AGE	SEX

ADDRESS	CITY	ZIP CODE

PHONE	RACE	HISPANIC? Yes No

Is this patient a contact to another known Varicella case? Name of contact: Phone:	Was the patient hospitalized? Yes No	Did the patient have a fever? Yes No Date:

Was lab testing done for Varicella? Yes No Lab test: DFA PCR IgM IgG Other Date:_____ Result: Ordering Physician:	Number of lesions in total: *(circle number of lesions)* <50 50-249 250-499 500+	Did the patient attend daycare/after school care? Yes No Name of Facility:

Onset Date
_____/_____/_____
Last day of school attended
_____/_____/_____

History of Disease?   Yes   No   Date of Disease _____/_____/_____

Vaccinated against Varicella?   Yes   No   Number of Doses Received?   1   2

Date(s) Varicella Vaccine Administered: (1) _____/_____/_____   (2) _____/_____/_____

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Name of Person Reporting: _____   **PHONE:** _____

Agency/Organization Name: _____

Address: _____

CITY: _____ **ZIP:** _____**COUNTY:** _____

DATE REPORTED: _____