Utah Public Health

Select Health Department

IN PARTNERSHIP WITH UTAH'S PUBLIC HEALTH DEPARTMENTS

UTAH DEPARTMENT OF HEALTH

Phone: ***Confidential Fax:***

Address:

Chickenpox (*Varicella*) School Reporting Form

PATIENT INFORMATION/DEMOGRAPHICS

Last Name **First Name** **Date Reported**

Street Address **Date of Birth** **Age**

City **Zip Code** **County**

Gender **Race** ☐ White ☐ Asian ☐ Unknown ☐ African American/ Black ☐ Pacific Islander/ Native Hawaiian ☐ American Indian/ Native Alaskan

Ethnicity ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Other ☐ Unknown

Parent/Guardian **Phone Number**

SCHOOL/VACCINATION INFORMATION

Is patient a student? ☐ Yes ☐ No ☐ Unknown **School Name** **Grade:**

Teacher Name **Was school nurse notified?** ☐ Yes ☐ No ☐ Unknown

Have other chickenpox cases been identified? ☐ Yes ☐ No ☐ Unknown

History of Vaccine? ☐ Yes ☐ No ☐ Unknown **Number of Vaccine Doses**

Date of last vaccine **Reason (if not vaccinated)**

Has patient had chickenpox previously? ☐ Yes ☐ No ☐ Unknown

CLINICAL INFORMATION

Rash Onset Date **Hospitalized** ☐ Yes ☐ No ☐ Unknown

Number of Lesions ☐ <50 ☐ 50-249 ☐ 250-499 ☐ >500

Diagnosed by ☐ Parent/Guardian ☐ MD/nurse ☐ School ☐ Self

Number of lesions, if <50.

Outbreak Associated ☐ Yes ☐ No ☐ Unknown

REPORTING INFORMATION

Reporter/Facility Name **Phone** **Date Reported**

Investigator Name **County**

Notes (childcare association, complications, hospitalization information, risks observed)