

**WASHTENAW COUNTY
VARICELLA (CHICKENPOX)
CASE REPORT FORM**



Schools and child care centers play an essential role in surveillance of communicable disease among children. According to the State of Michigan Public Health Code (Public Act 368, of 1978 as amended), the local Health Department shall be notified of the occurrence of reportable communicable disease (**ESPECIALLY RASH-LIKE ILLNESSES WITH FEVER**).

Fill out a case report form for each case of chickenpox in your building/center

**Please FAX completed form to
Washtenaw County Health Department at (734) 544-6706 (secure fax machine)**

First name _____ **Last name** _____

Street address _____

City _____ **Zip** _____ **Home phone #** _____

Cell phone # _____

Date of birth _____

Sex: Male
 Female

Race: American Indian/Alaskan Native
 Asian or Asian-American
 Black or African-American
 Hawaiian/Pacific Islander
 White or Caucasian
 Other _____
 Unknown

Hispanic: Yes
 No

Parent/guardian name _____

Varicella (chickenpox) vaccine history: None
 Dose #1 _____ (Date)
 Dose #2 _____ (Date)

Illness diagnosed by (if known):

Parent/guardian
 Physician/healthcare provider Name: _____
 Other _____

Date illness reported to school/childcare center _____

Name of school or childcare center _____

Name of person reporting _____

Phone number of person reporting _____