



# Chickenpox (Varicella) Case Report for Schools & Child Care

Call (or fax) MCDH CD Program to report each case of chickenpox within 24 hours of receipt.

Phone: (815)334-4500

Fax: (815)334-0191

## School/Child Care Facility Information

- Date of Report: \_\_\_\_\_ Reporter Name: \_\_\_\_\_
- Facility Name: \_\_\_\_\_
- Facility Address: \_\_\_\_\_
- Facility Phone: \_\_\_\_\_

## CASE INFORMATION

### Demographic Information

- Student/Attendee's Name: \_\_\_\_\_
- Age (years): \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_
- Sex (select one):  Male  Female
- Race (select all that apply):  White  Black  Asian  Other
- Ethnicity:  Hispanic  Non-Hispanic

### Contact Information

- Parent's Name(s): \_\_\_\_\_
- Home Address: \_\_\_\_\_ City: \_\_\_\_\_
- Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_
- Who reported student/attendee absence with chickenpox? \_\_\_\_\_
- Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Disease Information

- Dates of Varicella Vaccination: 1<sup>st</sup> dose: \_\_\_\_\_ 2<sup>nd</sup> dose: \_\_\_\_\_
- Date of Onset: \_\_\_\_\_
- Description of Illness: \_\_\_\_\_
  - Fever:  Yes  No
  - Estimated Number of Pox Identified:  Less than 50  Over 50
  - Location of rash: \_\_\_\_\_
  - Has the rash crusted over?  Yes  No  Don't know
- Was the student immunocompromised?  Yes  No  Don't know
- Was the student given antivirals?  Yes  No  Don't know
- Were there any complications?  Yes  No  Don't know
  - If yes, describe: \_\_\_\_\_
- Has the student had chickenpox before?  Yes  No  Don't know
  - If yes, describe: \_\_\_\_\_
- Did the student have contact with anyone else who had chickenpox recently?  Yes  No  Don't know
  - If yes, please list their contacts and their contact information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Was the student excluded for 5 days after the rash appeared?  Yes  No  Don't know
- Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_