

Chickenpox Case Report Form
DuPage County Health Department – Communicable Disease and Epidemiology Program

Report within 24 hours:

Phone 630.221.7553

Fax: 630.510.8923

Effective March 3, 2008, each case of Chickenpox (Varicella) is now reportable within 24 hours of receipt of notification from a parent, guardian, or health care provider. The following information is to be collected and reported to DuPage County Health Department (DCHD). Please complete the form as fully as possible. **Please let parents/guardians know that DCHD may call for further information.**

Report Date: _____ **Reported by:** _____ **Phone:** _____

School/Organization Address: _____

Patient Information

Last Name: _____

First Name: _____

Address: _____

County: _____

Phone Number/s: _____

Parent/s Name/s: _____

DOB: _____

Race: AMERICAN INDIAN
 ASIAN OR PAC. ISL.

Ethnicity: HISPANIC
 Non-HISPANIC
 UNK

Age: _____

BLACK
 WHITE
 UNK

Gender: Male Female

Did case visit MD office? Yes No

MD Name: _____

Address: _____

Phone Number: _____

Date of Onset: _____

Fever? Yes _____ **degrees** or **No**
Fever onset date: ____ / ____ / ____

Estimated Number of Pox Identified: Less than 50 or 50 or more

Rash first noted: Arms Face/Head Legs Trunk

Rash location: Generalized or Localized

Vaccination Dates: 1. _____ 2. _____

If "Exempt" give reason: _____

Have families of susceptible, immune-compromised or pregnant students/staff been notified of a potential exposure? Yes No

Is the case in daycare or a part of other organized group activities? Yes No

Please list those activities, locations, and phone numbers: _____

Notes: _____