



# State of Connecticut

## Department of Public Health

### Varicella Case Report Form

Please make and use copies of this form.

#### Report Status

Date reported: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reported by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reporting Site/Clinic: \_\_\_\_\_ Town/City: \_\_\_\_\_

#### Site Type reporting:

☐ School ☐ Daycare ☐ Physician ☐ Health Dept. ☐ Other: \_\_\_\_\_

#### Demographic Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
mm dd yyyy

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Race:** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White  
☐ Unknown ☐ Other: \_\_\_\_\_

**Ethnicity:** ☐ Hispanic or Latino origin ☐ Not of Hispanic or Latino origin ☐ Unknown **Sex:** ☐ Male ☐ Female ☐ Unknown/Un-specified

Parent/Guardian Name (optional): \_\_\_\_\_ Parent/Guardian Work Phone (optional): \_\_\_\_\_

**Case Attends:** ☐ School ☐ Daycare ☐ Work ☐ College ☐ Other: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ City: \_\_\_\_\_

#### Clinical Data

**Rash Onset:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

#### Number of Lesions:

☐ Less than Average (<50) ☐ Average (50-250) ☐ Greater than Average (>250)

**Hospitalized?** : ☐ Yes ☐ No If yes, Hospital Name: \_\_\_\_\_ Days Hospitalized: \_\_\_\_\_

#### Diagnosed by:

☐ Parent/Guardian ☐ Physician/Nurse ☐ School ☐ Self ☐ Other: \_\_\_\_\_

**Lab Confirmed:** ☐ Yes ☐ No ☐ Unknown

Test type: ☐ DFA ☐ IgM ☐ IgG ☐ PCR ☐ Other: \_\_\_\_\_ Result: \_\_\_\_\_

#### Previous History:

Chickenpox?: ☐ Yes ☐ No ☐ Unknown Age: \_\_\_\_\_

Vaccination?: ☐ Yes ☐ No ☐ Unknown

If yes, Date Administered: VZV Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_ VZV Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### History of MMR:

Date Administered: MMR Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_ MMR Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Immunization Services Program**

**410 Capitol Avenue, MS#11MUN**

**P.O. Box 340308**

**Hartford, CT 06134-0308**

**Phone: (860) 509-7929 Fax: (860) 509-7945**

rev. 7/6/07