SUMMIT COUNTY PUBLIC HEALTH
1867 WEST MARKET STREET • AKRON, OHIO 44313 • 330-923-4891

Varicella Report Form

Demographic Information

Name		
Address		
City	County	Zip
Phone	Date of Birth or Age	

Sex: □ Male □ Female	Race: □ White □ Black □ Asian/PI □ Am Indian □ Other	Ethnicity: □ Hispanic □ Non-Hispanic

Clinical Information

Rash Onset Date: ____/____/____ **OR** 1st date child absent: ____/____/____ (due to chickenpox)	Received Varicella Vaccine: (check appropriate box) □ Yes □ No □ Unknown If yes, date(s) of vaccination: Varicella (VZV) dose 1: ____/____/____ Varicella (VZV) dose 2: ____/____/____

Severity of Varicella: (check appropriate box)

□ < 50 lesions (mild) □ 50 – 500 lesions (average) □ > 500 lesions (severe)

Hospitalized: (check appropriate box) □ Yes □ No □ Unknown	Outcome: (check appropriate box) □ Alive □ Dead □ Unknown

Diagnosed by: (check appropriate box)
□ Physician/nurse □ School □ Parent □ Self □ Other_____

Reported date: ____/____/____

Report Source: Name:_____ Agency/Site_____

Check appropriate box:
□ School □ Pre-school/Childcare □ Physician □ Lab

Phone number (should further information be needed): _____

Reporting Information

Please fax reports at the end of each work week to:

330-752-7157

Questions? Summit County Public Health Communicable Disease Unit 330-375-2662