



VARICELLA (chickenpox) Reporting Form

Please use this form to report cases of varicella to your regional health office at 254-778-6744, or you can fax a copy of this document to the Texas Department of State Health Services Region 7 office at 254-899-0405. Please complete as many of the questions as possible. A report can still be submitted if all questions cannot be answered.

Form with sections: PATIENT INFORMATION, REPORTING INFORMATION, DEMOGRAPHICS, Did patient visit a healthcare provider during this illness?, Was the patient hospitalized for this disease?, CLINICAL DATA, Did the rash crust?, Fever?, Character of Lesions, LABORATORY DATA, History of Disease?, Varicella Vaccination?, Number of Doses Received?, Did the patient attend: School Day Care Work College Other