NEW with URL

**Chickenpox (Varicella) School Reporting Form**

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| --- | --- |
| School Name: | Address: |
| Phone Number: |  |

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| Student’s Name: (Last) (First) (Middle Initial) | | | | | | Date of Birth: | | Sex:  Male  Female |
| Home Address: | | | | | Telephone Number: | | Race:  White  Black  Asian/Pacific Islander  Native American  Other  Unknown | |
| City: | | State: | Zip Code | Grade/Homeroom Teacher: | | |
| Date of Onset: | Received Vaccine:  Yes – Dates Received:  Dose 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dose 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No (Did Not Receive) | | | | Date of Diagnosis: | |
| Physician Name: | | | | | Telephone Number: | | Ethnicity:  Hispanic  Non-Hispanic | |
| Grade of Lesions:  I  II  III | | | | | | |
| Grade I: 50 spots or less easily counted within 30 seconds  Grade II: 50-500 spots (Between Grade I and Grade III)  Grade III: 500 or more spots, or spots clumped so close together little normal skin is visible | | | | | | | **Local Health Agency**  **Use Only**  Confirmed  Probable | |

**Please send/fax report to:**

Maricopa County Department of Public Health

4041 N Central Ave, Ste 600, Phoenix, AZ 85012

Phone: (602)506-6767

Fax: (602)372-8935