

**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 secondsGrade 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