Williamson County and Cities Health District

WCCHD USE ONLY Investigator: ____________________
NBS ID: ____________________
NBS notification sent (confirmed/probable): ☐ No (NAC) ☐

VARICELLA (chickenpox) Reporting Form

Please use this form to report cases of varicella to by faxing a copy of this document to WCCHD at (512) 248-3267.
Please complete as many of the questions as possible. A report can still be submitted if all questions cannot be answered.

PATIENT INFORMATION:

Last Name: ______________ First: ____________________

DOB: _____/_____/_____ Age: _________ Sex: ________

Address: ____

City: __________________ Zip Code: _________________

Phone Number: ___________________________________

DEMOGRAPHICS:

Race: ☐ White ☐ Black or African American ☐ Asian
☐ Pacific Islander ☐ Native American/Alaskan ☐ Unknown

Hispanic: ☐ Yes ☐ No ☐ Unknown

REPORTING INFORMATION:

Name of Person Reporting: ______________________

Agency/Organization Name: ______________________

Phone Number: _______________________________

Fax Number: _________________________________

Address: ____________________________________

City: _______________________________________

Zip Code: ___________________________________

Date Reported: _____/_____/______

Did patient visit a healthcare provider during this illness?

☐ Yes ☐ No (if yes) Date: _____/_____/______
Physician: ___________________________________

Did the patient develop any complications? ☐ Yes ☐ No

Treated with any antiviral for this illness?
☐ Yes (specify) ____________________________ ☐ No

Was the patient hospitalized for this disease?

☐ Yes ☐ No

Hospital: ____________________________________
Admit Date: _____/_____/______
Discharge Date: _____/_____/______

CLINICAL DATA:

Illness Onset Date: _____/_____/______

Rash Onset Date: _____/_____/______

Rash Location: ☐ Generalized ☐ Focal ☐ Unknown

If generalized, first noted: *(check all that apply)*

☐ Face/head ☐ Legs ☐ Trunk ☐ Arms ☐ Inside Mouth
Other (specify): ______________________________

If focal, specify dermatome: ___________________________

Number of lesions:
☐ <50 (specify) ____________ ☐ 50-249 ☐ 250-499 ☐ 500+

Did the rash crust?
☐ Yes, rash lasted __________ days before crusting
☐ No, rash lasted __________ days Unknown

Fever? ☐ Yes, temperature __________ °F
Date of fever onset _____/_____/______
☐ No ☐ Unknown

Character of Lesions

Mostly macular/papular?	☐ Yes	☐ No
Mostly vesicular?	☐ Yes	☐ No
Hemorrhagic?	☐ Yes	☐ No
Itchy?	☐ Yes	☐ No
Scabs	☐ Yes	☐ No
Crops/waves?	☐ Yes	☐ No

LABORATORY DATA:

Laboratory testing done? ☐ Yes ☐ No ☐ Unknown
Date of test: _____/_____/______

☐ DFA Result: ____________________
☐ PCR Result: ____________________
☐ Culture Result: ____________________
☐ IgM Result: ____________________
☐ IgG Result: ____________________

History of Disease? ☐ Yes ☐ No
Date of Disease: _____/_____/______

Varicella vaccination? ☐ Yes ☐ No
Number of doses received? ☐ 1 ☐ 2
Date(s) of Varicella vaccine:
1st dose: _____/_____/______ Type: _________

2nd dose: _____/_____/______ Type: _________

Did the patient attend: ☐ School ☐ Day Care ☐ Work ☐ College ☐ Other ______________________
Name(s) of institution: ________________________ City: ______________________

INFECTION TIMELINE: Enter onset of rash. Count backwards and forwards to enter dates for probable exposure and communicable periods.