

**WASHTENAW COUNTY  
VARICELLA (CHICKENPOX)  
CASE REPORT FORM**



Schools and child care centers play an essential role in surveillance of communicable disease among children. According to the State of Michigan Public Health Code (Public Act 368, of 1978 as amended), the local Health Department shall be notified of the occurrence of reportable communicable disease (**ESPECIALLY RASH-LIKE ILLNESSES WITH FEVER**).

**Fill out a case report form for each case of chickenpox in your building/center**

**Please FAX completed form within 7 days  
to Washtenaw County Public Health at (734) 544-6706 (secure fax machine)**

**First name** \_\_\_\_\_ **Last name** \_\_\_\_\_

**Street address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home phone #** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

**Sex:**  Male  
 Female

**Race:**  American Indian/Alaskan Native  
 Asian or Asian-American  
 Black or African-American  
 Hawaiian/Pacific Islander  
 White  
 Other \_\_\_\_\_  
 Unknown

**Hispanic:**  Yes  
 No

**Parent/guardian name** \_\_\_\_\_

**Alternate phone # (work/cell)** \_\_\_\_\_

**Varicella (chickenpox) vaccine history:**  None  
 Dose #1 \_\_\_\_\_ (Date)  
 Dose #2 \_\_\_\_\_ (Date)

**Illness diagnosed by (if known):**  
 Parent/guardian  
 Physician/healthcare provider  
 Other \_\_\_\_\_

**Date illness reported to school/childcare center** \_\_\_\_\_

**Name of school or childcare center** \_\_\_\_\_

**Name of person reporting** \_\_\_\_\_