

Chickenpox and Shingles Case Report Form for Minnesota Schools

Date reporting: _____

To: Minnesota Department of Health, VPD Surveillance Unit

Report all chickenpox cases in students and staff, and all shingles cases in students, by fax, phone, or mail. MDH will contact parent/guardian to request more information.

Fax number: 651-201-3887

Phone: 651-201-5414 or 877-676-5414

Address: Minnesota Department of Health
Vaccine-Preventable Disease Surveillance
PO Box 64975
St. Paul, MN 55164-0975

Case and parent/guardian information	
Case last name: _____ Case first name: _____	Parent/guardian name(s): _____
Date of birth: ____/____/____ Grade: _____ City of residence: _____ ZIP code: _____ Vaccinated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Dose 1 date: ____/____/____ Dose 2 date: ____/____/____	Parent/guardian phone Home: _____ Work: _____ Cell: _____
Rash information	
Date rash began (if known): ____/____/____	Last date attended: ____/____/____
Provider/clinic where seen (if known): _____	Type of rash: <input type="checkbox"/> Chickenpox <input type="checkbox"/> Shingles Observed by school nurse/aide? <input type="checkbox"/> Yes <input type="checkbox"/> No
School information	
School: _____	City: _____
Name and title of person reporting: _____	Phone: _____
Chickenpox cases only: Have there been any other cases at this school within the last 2 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, approximate number of cases: _____

08/19

To obtain this information in a different format, call: 651-201-5414.