Varicella (Chickenpox) or Zoster (Shingles) Case Report Form

Minnesota Child Care Centers and Homes

Date reporting: _____

To: Minnesota Department of Health, VPD Surveillance Unit

Report all chickenpox and shingles cases in both children and staff 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: _____/_____/_____ City of residence: _____ ZIP code: _____ Vaccinated: ☐ Yes ☐ No ☐ 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: ☐ Chickenpox ☐ Shingles
	Rash observed by child care staff? ☐ Yes ☐ No
Child care information	
Facility name:	City:
Name and title of person reporting:	Phone:
Chickenpox cases only: Have there been any other cases at this facility within the last 2 months? ☐ Yes ☐ No ☐ Unknown	If yes, approximate number of cases: _____

08/19

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