Varicella Report Form

Use this form to report cases of varicella (chickenpox) to MDH within one working day.
Return the form by fax to 651-201-4820. Do not report cases of zoster (shingles) on this form.

Patient Information			
Patient's name: (last)		(first)	
Date of birth: ____/____/_____		**Gender:** ☐ Male ☐ Female ☐ Unknown	
Phone: home ( ) -		work ( ) -	
Address:			
City:	**State:**	**ZIP:**	**County:**
Laboratory and Facility Information			
Status: ☐ Case ☐ Suspected case		**Date reported to MDH:** ____/____/_____	
How was the case information obtained? ☐ Face-to-face visit ☐ Phone call with case or parent ☐ Other, specify: _____			
Types of specimen collected (recommended*): ☐ Vesicular swab ☐ Maculopapular scraping ☐ Crusts/scabs ☐ Buccal swab ☐ Other, specify: _____		**Physician:** _____ Phone: ( ) -	
Person reporting: _____ Phone: ( ) -		**Institution/clinic reporting:** _____	
Rash Description			
Rash onset date: ____/____/_____ **Fever:** ☐ Yes ☐ No ☐ Unknown If yes, onset date: ____/____/_____			
Rash type (check all that apply): ☐ Macules ☐ Papules ☐ Vesicles ☐ Pustules ☐ Crusts/Scabs ☐ Itchy ☐ Painful ☐ Crops/waves			
Distribution (check all that apply and circle area(s) where lesions are most concentrated): ☐ Arms ☐ Leg(s) ☐ Face/Head ☐ Inside mouth ☐ Trunk/abdomen/torso ☐ Palms of hands ☐ Soles of feet ☐ Other, specify: _____			
Where did the rash first appear? ☐ Face/head ☐ Trunk/torso ☐ Extremities ☐ Other, specify: _____			
Disease History and Vaccination			
Has patient been diagnosed with chickenpox previously? ☐ Yes ☐ No ☐ Unknown If yes, age of diagnosis: _____ or Year of previous diagnosis: _____ If yes, previously diagnosed by: ☐ Physician/health care provider ☐ Parent/friend ☐ Other			
Did patient receive varicella-containing vaccine? ☐ Yes ☐ No ☐ Unknown If yes, number of doses: ☐ 1 ☐ 2 ☐ Unknown			
Exposure Information			
Patient a health care worker? ☐ Yes ☐ No ☐ Unknown If yes, direct patient contact? ☐ Yes ☐ No ☐ Unknown			
Does patient have contact with children in child care or school? ☐ Yes ☐ No ☐ Unknown			

*Lab testing for VZV DNA is needed to guide post-exposure prophylaxis and other disease control measures. Testing is available without charge at MDH.