



Chickenpox (Varicella) Case Report

Kent County Health Department Communicable Disease Unit
700 Fuller, Grand Rapids, MI 49503 616.632.7228

FAX to (616) 632-7085
(cover sheet not required)

Date: _____

Patient Name: _____

Parent or Guardian (required if under 18): _____

Address: _____ City _____ Zip: _____

Phone: _____ Alternate phone: _____

Sex: Male Female Age: _____ Date of Birth: _____

Race: Caucasian African American Ethnicity: Hispanic/Latino
 Hawaiian/Pacific Islander Asian Not Hispanic/Latino
 American Indian/Alaska Unknown Unknown
Native
 Other (Specify) _____

Varicella vaccination history

Has patient received varicella vaccine? Yes No Unknown

If yes, date the vaccine was given: _____

Severity of illness (as reflected by approximate number of lesions):

- Fewer than 50 (easily counted in 30 seconds)
- 50 - 249 (patients hand can be placed on body without touching a lesion)
- 250 - 499 (patients hand cannot be placed on body without touching one or more lesions),
- 500 or more (cannot observe normal skin).

Name of person submitting this report: _____ Title _____

Name of facility, office, or school: _____

Phone: _____ Fax: _____

**Individual chickenpox (varicella) cases are required by law to be reported
by physicians and schools in Michigan, effective Sept. 1 2005.**

This reporting is expressly allowed under HIPAA Communicable Disease Rules: R325.171, 172, 173