



Maricopa County Department of Public Health Chickenpox (Varicella) Reporting Form

School Name	Address
Phone Number	

Student's Name: (Last) (First) Middle Initial			Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:		Telephone Number:		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown
City	State	Zip Code	Grade/Homeroom Teacher	
Date of Onset	Received Vaccine: <input type="checkbox"/> Yes Dates Received: Dose 1: _____ Dose 2: _____ <input type="checkbox"/> No (Did Not Receive)		Date of Diagnosis	
Physician Name:			Telephone Number:	
Grade of Lesions: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III				
Grade I: 50 spots or less easily counted within 30 seconds Grade II: 50-500 spots (Between Grade I and Grade III) Grade III: 500 or more spots, or spots clumped so close together little normal skin is visible				
				Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
				Local Health Agency Use Only <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable

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Please send/fax report weekly to:
 Maricopa County Department of Public Health
 4041 N Central Ave, Ste 600, Phoenix, AZ 85012
 Phone: 602-506-6767
 Fax: 602-506-8444