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Massachusetts Department of Public Health
Bureau of Communicable Disease Control
Office of Integrated Surveillance and Informatics Services
305 South Street, Room 563, Jamaica Plain, MA 02130
Phone: 617-983-6800 Confidential Fax: 617-983-6220

Confidential case report

Received in Surveillance: ☐☐/☐☐/☐☐☐☐

Varicella *(chicken pox)*

Do not report shingles cases

Patient: _____ , _____

Address: _____ City _____ St ____ Zip _____

DEMOGRAPHIC INFORMATION

Date of Birth: (mm/dd/yyyy) ☐☐/☐☐/☐☐☐☐

Sex: ☐ Male ☐ Female ☐ Transgender ☐ Unk

Country of Birth: ☐ U.S. ☐ Other — Other specify: _____

Race:
☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African Am.
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Unk
☐ Other

Hispanic: ☐ Yes ☐ No ☐ Unk

Unique Addr. Condition: ☐ Homeless ☐ Incarcerated

Phone Number: (☐☐☐) ☐☐☐-☐☐☐☐

CLINICAL INFORMATION

Rash: **Onset Date:** ☐☐/☐☐/☐☐☐☐ **Rash Duration:** ☐☐ (days)

Number of Lesions (check one): ☐ < 50 ☐ 50 - 249 ☐ 250 - 500 ☐ > 500 ☐ Unk

Fever: ☐ Yes ☐ No ☐ Unk **Highest temperature** ☐☐☐.☐ °F

History: **Reliable prior history of chickenpox?** ☐ Yes ☐ No ☐ Unk

If YES, (date of) or (age at) previous disease: **Date:** ☐☐/☐☐/☐☐☐☐ *Or* **Age:** ☐☐☐ ☐ Months ☐ Years

Complications (check all that apply):

☐ None
☐ Hepatitis
☐ Pneumonia
☐ Diarrhea/Dehydration
☐ Secondary Bacterial Skin Infection
☐ CNS Manifestation *specify:* _____
☐ Invasive Group A Streptococcal Infection
☐ Other Bacterial Infection *specify:* _____

Hospitalized: ☐ Yes ☐ No ☐ Unk

Hospital Name: _____

Death: ☐ Yes ☐ No ☐ Unk

Diagnosis

By: ☐ MD/PA/NP/RN ☐ Parent/Guardian ☐ Self ☐ Other

Date: ☐☐/☐☐/☐☐☐☐

Lab Confirmed: ☐ Yes ☐ No ☐ Unk

Test: DFA ☐ IgM ☐ PCR ☐ Other ☐

Other Specify: _____

Result: ☐ Pos ☐ Neg ☐ Indet ☐ Unk

VACCINE INFORMATION

Patient ever received varicella-containing vaccine? ☐ Yes ☐ No ☐ Unk

If YES, specify:

	Date	Manufacturer	Lot #:
Dose 1:	☐☐/☐☐/☐☐☐☐		
Dose 2:	☐☐/☐☐/☐☐☐☐		

Site Reporting: ☐ School ☐ Daycare ☐ Provider ☐ Hospital ☐ Board of Health

Reported by: _____ **Phone** (☐☐☐) ☐☐☐-☐☐☐☐