



VARICELLA REPORTING FORM

PATIENT INFORMATION

Form section for Patient Information including Last Name, First Name, DOB, Age, Street Address, City, State, Zip, County, Home Phone, Race, Ethnicity, Reporting Provider, Country of Birth, and U.S. residence status.

CLINICAL INFORMATION

Form section for Clinical Information including Illness Onset Date, Rash Onset Date, Illness End Date, Did patient have fever?, Date of fever onset, Location of Rash, Number of Lesions, and Macules/Papules/Vesicles counts.

Form section for Character of lesions including Macular/Papular, Vesicular, Hemorrhagic, Itchy, Scabs, Crops/Waves, and Did the rash crust?

Form section for patient history with columns for Yes, No, Unk and questions about immunocompromised status, healthcare visits, complications, antiviral treatment, hospitalization, vaccination history, and disease history.

LABORATORY

Form section for Laboratory testing including Was lab testing done?, Type of test, Date of Collection, Result, and Name of Laboratory.