



VARICELLA (chickenpox) Reporting Form

Please use this form to report cases of varicella to your local or regional health office, or you can fax a copy of this document to the Texas Department of State Health Services in Austin at (512) 458-7616 at the end of every week.

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|-------------------|--|-----------------|---|-------------|
| ONSET DATE | VACCINATED AGAINST VARICELLA? Yes No Number of Doses Received? 1 2 Date(s) Varicella Vaccine Administered: ____ / ____ / ____ , ____ / ____ / ____ | | | |
| LAST NAME | FIRST | DOB | SEX | RACE |
| ADDRESS | CITY | ZIP CODE | HISPANIC? Yes No | |

| | | | | |
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| ADDRESS | CITY | ZIP CODE | HISPANIC? Yes No | |

AGENCY REPORTED BY: _____ **PHONE:** _____

CITY: _____ **COUNTY:** _____

DATE REPORTED: _____