**Varicella Reporting Requirements**

**Reporters Guide**

<table>
<thead>
<tr>
<th><strong>1) Date of Report</strong></th>
<th><strong>Vaccination Status (9 – 10)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date form completed by Reporter</td>
<td><strong>Test Date</strong> (9) – If Vaccination Status is:</td>
</tr>
<tr>
<td></td>
<td><strong>Documented</strong> – enter date vaccination administered</td>
</tr>
<tr>
<td></td>
<td><strong>Self Recall</strong> – enter date vaccinated as recalled by patient/parent</td>
</tr>
<tr>
<td></td>
<td><strong>Type of Test</strong> (10) – Capture date reference here:</td>
</tr>
<tr>
<td></td>
<td><strong>Documented</strong> – Shot record available</td>
</tr>
<tr>
<td></td>
<td><strong>Self-Recall</strong> – Patient/Parent recalls vaccination given April of 2002</td>
</tr>
<tr>
<td></td>
<td><strong>Childhood</strong> – Patient was given vaccination when child but does not remember year.</td>
</tr>
<tr>
<td></td>
<td><strong>Never Vaccinated</strong> – No date will be needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2) Patient Name</strong></th>
<th><strong>11) Severity of Illness</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s last name, first name required, middle initial preferred</td>
<td>Symptoms (11) – Enter applicable category here.</td>
</tr>
<tr>
<td></td>
<td><strong>&lt;50 Lesions</strong> – able to count lesions in 30 seconds</td>
</tr>
<tr>
<td></td>
<td><strong>50 – 249 Lesions</strong> – hand can be placed between lesions without touching lesion</td>
</tr>
<tr>
<td></td>
<td><strong>250 – 500 Lesions</strong> – hand cannot be placed between lesions without touching lesion</td>
</tr>
<tr>
<td></td>
<td><strong>&gt;500 Lesions</strong> – lesions clumped so closely together that normal skin can hardly be seen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>3) Gender</strong></th>
<th><strong>12) Narratives</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This is not required, but is preferred</td>
<td>Optional use. May be used to document anything else regarding case.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>4) Date of Birth</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s date of birth (Month, day, year)</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>5) County of Residence</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Local Public Health Agency jurisdiction for case. If unsure of jurisdiction, provide Patient address</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>6) Other Associated Cases</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Check applicable box if other cases are or are not linked to the case being reported</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>7) Reporter Name</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Person/Entity reporting case</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>8) Disease Name</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella entered here</td>
<td></td>
</tr>
</tbody>
</table>