



Chickenpox Report Form

Reported Date: _____

Reported By: School Daycare Centre Physician Office Other: _____

Facility Name: _____

Facility Address: _____

Facility Phone #: _____ Facility Fax #: _____

Reporting Person Name: _____

TO REPORT A CLUSTER: Do not use this form.

Please call: St. Thomas site at 519-631-9900 ext. 1232 or Woodstock site at 519-421-9901 ext. 3500.

Case Initials	Date of Birth	Symptom Onset Date	Status	Diagnosis	Vaccination Status
	_____ yyyy/mm/dd	_____ yyyy/mm/dd <input type="checkbox"/> Unknown	<input type="checkbox"/> Recovered/Improving <input type="checkbox"/> Remains Ill <input type="checkbox"/> Hospitalized <input type="checkbox"/> Other:	<input type="checkbox"/> Diagnosed by Physician <input type="checkbox"/> Lab-Confirmed <input type="checkbox"/> Parent Report <input type="checkbox"/> Other:	<input type="checkbox"/> Vaccinated <input type="checkbox"/> 1 dose <input type="checkbox"/> 2 doses <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown
	_____ yyyy/mm/dd	_____ yyyy/mm/dd <input type="checkbox"/> Unknown	<input type="checkbox"/> Recovered/Improving <input type="checkbox"/> Remains Ill <input type="checkbox"/> Hospitalized <input type="checkbox"/> Other:	<input type="checkbox"/> Diagnosed by Physician <input type="checkbox"/> Lab-Confirmed <input type="checkbox"/> Parent Report <input type="checkbox"/> Other:	<input type="checkbox"/> Vaccinated <input type="checkbox"/> 1 dose <input type="checkbox"/> 2 doses <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown
	_____ yyyy/mm/dd	_____ yyyy/mm/dd <input type="checkbox"/> Unknown	<input type="checkbox"/> Recovered/Improving <input type="checkbox"/> Remains Ill <input type="checkbox"/> Hospitalized <input type="checkbox"/> Other:	<input type="checkbox"/> Diagnosed by Physician <input type="checkbox"/> Lab-Confirmed <input type="checkbox"/> Reported by Parent <input type="checkbox"/> Other:	<input type="checkbox"/> Vaccinated <input type="checkbox"/> 1 dose <input type="checkbox"/> 2 doses <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown
	_____ yyyy/mm/dd	_____ yyyy/mm/dd <input type="checkbox"/> Unknown	<input type="checkbox"/> Recovered/Improving <input type="checkbox"/> Remains Ill <input type="checkbox"/> Hospitalized <input type="checkbox"/> Other:	<input type="checkbox"/> Diagnosed by Physician <input type="checkbox"/> Lab-Confirmed <input type="checkbox"/> Reported by Parent Other:	<input type="checkbox"/> Vaccinated <input type="checkbox"/> 1 dose <input type="checkbox"/> 2 doses <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown
	_____ yyyy/mm/dd	_____ yyyy/mm/dd <input type="checkbox"/> Unknown	<input type="checkbox"/> Recovered/Improving <input type="checkbox"/> Remains Ill <input type="checkbox"/> Hospitalized <input type="checkbox"/> Other:	<input type="checkbox"/> Diagnosed by Physician <input type="checkbox"/> Lab-Confirmed <input type="checkbox"/> Reported by Parent <input type="checkbox"/> Other:	<input type="checkbox"/> Vaccinated <input type="checkbox"/> 1 dose <input type="checkbox"/> 2 doses <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unknown

Fax Completed Form to: St. Thomas site at 519-631-1682 or Woodstock site at 519-539-6206. Attn: Communicable Diseases Team

The information on this form is collected by law under the Health Protection and Promotion Act and Personal Health Information Protection Act. The information may be used for delivery of public health programs and services, evaluation or research purposes. Any questions about the collection of this information should be directed to: SWPH Privacy Officer, Southwestern Public Health 1230 Talbot Street, St. Thomas, ON N5P 1G9, (519) 631-9900; Fax: (519) 633-0468.