miOttawa Department of Public Health

Chickenpox (Varicella) Reporting Form

Please Fax Completed Form to the Public Health Department at 616-393-5767

Date Illness Reported to Facility: _____

Diagnosed by: ☐ Physician Name: _____
☐ Parent
☐ Other: _____

Child's Name:		Parent or Guardian (required if under 18):	
Address:		City:	Zip:
Phone:		Alternate Phone:	
Date of Birth:		Age:	Sex: ☐ Male ☐ Female
Teacher:		Classroom/Grade:	
Race:	☐ Caucasian ☐ African American ☐ Asian ☐ Hawaiian/Pacific Islander ☐ American Indian/Alaska Native ☐ Unknown ☐ Other: _____	Ethnicity:	☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unknown

Varicella Vaccine History

Has the child received varicella vaccine?

☐ Yes
☐ No
☐ Waiver
☐ Unknown

If yes: Dose # 1: _____
Dose # 2: _____

Severity of illness

(as reflected by approximate number of lesions)

☐ Fewer than 50 (easily counted in 30 seconds)
☐ 50 – 249 (patients hand can be placed on body without touching a lesion)
☐ 250 – 499 (patients hand cannot be placed on body without touching one or more lesions)
☐ 500 + (cannot observe normal skin)

Name of Person Submitted by: _____
Name of Facility: _____
Phone: _____
Fax: _____
E-Mail: _____
Date Submitted: _____

Individual chickenpox (varicella) cases are required by law to be reported by physicians and schools in Michigan, effective Sept. 1, 2005.
This reporting is expressly allowed under HIPAA Communicable Disease Rules: R325, 171, 172, 173

CD FORM: 8/2014, 4/2015, 1/2023