



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.

ONSET DATE	VACCINATED AGAINST VARICELLA? Yes No Date Varicella Vaccine Administered: ____ / ____ / ____			
LAST NAME	FIRST	DOB	SEX	RACE
ADDRESS	CITY	ZIP CODE	HISPANIC? Yes No	

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AGENCY REPORTED BY: _____ PHONE: _____

CITY: _____ COUNTY: _____

DATE REPORTED: _____
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 INFECTIOUS DISEASE CONTROL UNIT

STOCK NO. F11-11046

