CHICKENPOX (VARICELLA) REPORTING FORM
EMAILS WILL NOT BE ACCEPTED FAX: 613-345-5777

REPORTING SOURCE		iPHIS CASE NUMBER:	
Name:	Agency:		
Phone #:	Date:	Time:	

CLIENT INFORMATION		
Last Name:	First Name:	Gender:
Phone #:	DOB:	
Address:	City:	Postal Code:
Name of Parent/Guardian (if applicable):	Occupation:	
FAMILY PHYSICIAN:	Phone #:	Fax #:
Name of Daycare/School/Workplace:	Last date of attendance:	
Contact Person:	Phone #:	
Address:	City:	Postal Code:

LAB INFORMATION AND TREATMENT		
Swab Taken: Yes ☐ No☐	Date:	Result:
Serology: Yes ☐ No☐	Acute:	Convalescence:

CASE DETAILS (Cases less than 12 months of age should receive 2-dose varicella as per routine immunization schedule.)	
Doctor who made diagnosis:	Phone #:
Onset Date:	Date of Diagnosis:
Immunization up-to-date: Yes ☐ No ☐	1st dose: / 2nd dose:
Symptoms:	
Possible source of infection:	Epi-linked to lab confirmed case: Yes ☐ No ☐
Hospitalized: Yes ☐ No ☐ Admitted:	Discharged:
Name of Hospital:	
Complications:	Outcome:

RISK FACTORS		
☐ Close contact with case	☐ Immunocompromised	☐ Maternal Infection
☐ Not immunized for Chickenpox	☐ Partially/incompletely immunized	☐ Cancer

RISK FACTORS FOR DISEASE TRANSMISSION	
☐ Work/contact with vulnerable populations (pregnant women)	
☐ Daycare attendee or worker	☐ Health Care Provider
☐ Direct contact with immunocompromised patients and infants	

FOLLOW-UP	
Daycare/school informed: Yes ☐ No ☐	Report client age & date of diagnosis for aggregate counts: Yes ☐ No ☐
Has school notified parents/staff (especially pregnant staff): Yes ☐ No ☐	

Personal information on this form is collected under the authority of the Health Protection and Promotion Act R.S.O. 1990, c. H.7.

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FOR HEALTH UNIT USE ONLY		
Susceptible CONTACTS and Relationship *(identified according to protocol)*	**IMMUNIZATION STATUS**	**VarIg / VARICELLA VACCINE POST EXPOSURE** (*according to protocol)*

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FOR HEALTH UNIT USE ONLY				
NOTES (Response/Assessment/Intervention/Plan)			**INVESTIGATOR:**	
			iPHIS Client #:	
DATE	**TIME**		**iPHIS Case/Incident #:**	
		Notes taken by: Notes:		
		Notes taken by: Notes:		
		Notes taken by: Notes:		
		Notes taken by: Notes:		
		Notes taken by: Notes:		
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