



Galveston County Health District Epidemiology Services

Send forms to:
GCHD Epidemiology Services
P. O. Box 939 La Marque, TX 77568
Phone: 409.938.2208 or 409.938.2215
Fax: 409.938.2399

Varicella (chickenpox) Reporting Form

Please use this form to report cases of varicella to the Galveston County Health District or you can fax a copy of this document to 409-938-2399 at the end of every week.

ONSET DATE ____/____/____	VACCINATED AGAINST VARICELLA? YES NO	Numbers of Doses Received? 1 2	
Last day of school attended ____/____/____	Date(s) Varicella Vaccine Administered: ____/____/____, ____/____/____		
LAST NAME	FIRST NAME	DOB	SEX RACE
ADDRESS	CITY	ZIP CODE	HISPANIC? YES NO
PHONE NUMBER	Was lab testing done for Varicella? Yes No Lab test: DFA PCR IgM IgG Other Date: _____ Result: _____	Number of lesions in total: (circle number of lesions) <50 50-249 250-499 500	
SEEN BY A DOCTOR? YES NO	NAME OF DOCTOR	HOSPITAL OR CLINIC NAME	

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REPORTING AGENCY: _____ PHONE: _____ Date _____

CITY: _____ COUNTY: _____