



## 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 Health in Austin at (512) 458-7544 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	

ONSET DATE	VACCINATED AGAINST VARICELLA?      Yes                  No Date Varicella Vaccine Administered:    ____ / ____ / ____			
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AGENCY REPORTED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_