



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 Number of Doses Received? 1 2 Date(s) 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: _____