

# Varicella (Chickenpox) or Zoster (Shingles) Case Report Form

## Minnesota Childcare Centers and Homes, 2011

DATE:

TO: Minnesota Department of Health, VPD Surveillance Unit

**Report chickenpox or shingles cases in both children and staff by fax, phone, or mail. Provide as much detail as possible.**

Fax number: 651-201-4820 Phone: 651-201-5414 or 877-676-5414 (toll free)

Address: Minnesota Department of Health  
 Vaccine-Preventable Disease Surveillance  
 P.O. Box 64975  
 St. Paul, MN 55164-0975

Case and Parent/Guardian Information	
Last <span style="margin-left: 100px;">First</span>	Parent/Guardian Name
Age : _____ Vaccinated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Dose 1 Date: ____/____/____ Dose 2 Date: ____/____/____ Previous chickenpox disease?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Parent/Guardian Phone Home: (    ) _____ Work: (    ) _____ Cell: (    ) _____
Rash Information	
Date rash began: ____/____/____	Type of rash: <input type="checkbox"/> Chickenpox <input type="checkbox"/> Shingles
Estimated severity of rash: <input type="checkbox"/> Fewer than 50 lesions – spots can be easily counted within 30 seconds <input type="checkbox"/> 50-249 lesions – the case's hand can be placed between the spots in several areas <input type="checkbox"/> 250-499 lesions – the case's hand can't be placed between the spots without touching a lesion <input type="checkbox"/> More than 500 lesions – the spots are so close together that it's difficult to see normal skin	
Diagnosis and Facility Information	
Diagnosis was made by (check all that apply) <input type="checkbox"/> health care provider <input type="checkbox"/> parent <input type="checkbox"/> childcare provider <input type="checkbox"/> other, specify: _____	
Facility/Home	City
Name and title of person reporting	Phone (    ) _____



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[www.health.state.mn.us/immunize](http://www.health.state.mn.us/immunize)