



**PINAL COUNTY  
PUBLIC HEALTH**

**Varicella (Chickenpox) School Reporting Form**

School Name:	Address:
Phone Number:	

Student's Name: (Last) (First) (Middle Initial)			Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:		Telephone Number:		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown
City:	State:	Zip Code	Grade/Homeroom Teacher:	
Date of Onset:	Received Vaccine: <input type="checkbox"/> Yes – Dates Received: Dose 1: _____ Dose 2: _____ <input type="checkbox"/> No (Did Not Receive)		Date of Diagnosis:	
Physician Name:			Telephone Number:	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Grade of Lesions: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III				
Grade I: 50 spots or less easily counted within 30 seconds Grade II: 50-500 spots (Between Grade I and Grade III) Grade III: 500 or more spots, or spots clumped so close together little normal skin is visible				<b>Local Health Agency Use Only</b> <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable

**Please send/fax report to:**  
Pinal County Department of Public Health  
971 N Jason Lopez Circle, Bldg. D  
Florence, AZ. 85132  
Phone: (520)866-7281  
Fax: (520)866-2929