



# Chickenpox / Shingles Report Form

**Instructions:** Please use this worksheet to report all chickenpox and/or shingles cases identified in your school (WAC 246-110-020). Please fax this information to CCPH or call with any questions. CCPH may contact parent/guardian to request additional information.

## WHAT TO REPORT

Case Information:		Parent/Guardian Information:	
Last: _____ First: _____		Last: _____ First: _____	
DOB: ___/___/___		<b>Parent/Guardian Phone:</b>	
Vaccinated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ? <ul style="list-style-type: none"> <li>• Dose 1 date: ___/___/___</li> <li>• Dose 2 date: ___/___/___</li> </ul>		<ul style="list-style-type: none"> <li>• Primary #: _____</li> <li>• Secondary #: _____</li> </ul>	
History of Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ? Grade: _____ Home Room/Teacher: _____		City of Residence: _____	
Last day at school before exclusion: ___/___/___		Zip Code: _____	
Sibling Information (Name/Grade/School): _____		Vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ? _____	
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ?	
Rash Information:			
Onset date of rash (if known): ___/___/___ Other explanation for rash? _____			
Type of rash: <input type="checkbox"/> chickenpox <input type="checkbox"/> shingles			
Was rash observed by school health personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was rash evaluated by healthcare provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was rash diagnosed by a healthcare provider as chickenpox or shingles? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Provider: _____ Name of Provider Organization: _____			
School Information:			
School: _____		City: _____	
Name and title of person reporting: _____			
Phone: _____		Email address: _____	
Have there been other cases at this school within the last 2 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Report to:** Clark County Public Health, Communicable Disease Unit  
Phone: (360) 397-8182 (M-F 8am-5pm) · Fax: (360) 397-8080  
<https://www.clark.wa.gov/public-health/resources>

Please refer to the [\*\*\*Infectious Disease Control Guide for School Staff\*\*\*](#) for specific information and instructions regarding management of chickenpox or shingles in the school setting.