HENRY COUNTY HEALTH DEPARTMENT

ODRS ID # _____

Reported Varicella Worksheet

Please submit this worksheet along with the completed Ohio Confidential Reportable Disease Form

Name:		Date of Birth:	
High Risk Settings (Check all that apply)	☐ School: Last Date of Attendance: _____	☐ Daycare: Last Date of Attendance: _____	☐ Other: Last Date of Attendance: _____

Clinical Information

Rash Present? Y N Rash Onset Date: _____	**Focal rash?** (1 area) Y N **Generalized rash?** (Multiple areas) Y N	**Rash Location** (check all that apply): ☐ Face/Head ☐ Arms ☐ Legs ☐ Inside Mouth ☐ Trunk ☐ Other (please specify) _____
How Many Lesions? ☐ <50 ☐ 50-249 ☐ 250-499 ☐ ≥500		**Description of lesions** (check all that apply)? ☐ Macular (Flat) ☐ Papular (Raised) ☐ Vesicular (Blister) ☐ Hemorrhagic (Bloody) ☐ Itchy ☐ Scabs ☐ Crops/Waves

Fever: Y N	Fever Onset Date: _____	Highest Temperature: _____	
Was a Healthcare provider visited during illness? Y N	Name of Healthcare provider seen? _____	**Any complications diagnosed?** Y N If so, what? _____	**Treatment provided?** Y N If so, what? _____
Hospitalized? Y N	If yes, when, and where was the patient hospitalized? Hospital Name: _____ Date of Admission: _____		
Up to date on Varicella Vaccinations? Y N **Reason if No:**		If yes, date(s) of vaccination Dose 1: ___/___/___ Dose 2: ___/___/___	
Pregnant during illness? Y N **EDC/ Due Date:**		Number of weeks gestation at illness onset: _____	
Diagnosed by:		Phone Number:	

Reporting Information

Reporting Source: ☐ School ☐ Pre-school/Daycare ☐ Physician (must provide visit summary) ☐ Lab ☐ Other_____	Person submitting report:	Facility Name:
Report Date:	Phone Number:	

Send this form to the Henry County Health Department Confidential Fax **(419) 591-3064**

For questions, please call us at **(419) 599-5545** and ask for a communicable disease nurse.

Rev. 7/7/23