



Skagit County Public Health

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

WHAT TO REPORT

Case Information:		Parent/Guardian Information:	
Last: _____ First: _____		Last: _____ First: _____	
DOB: ____ / ____ / ____ Vaccinated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ? <ul style="list-style-type: none"> • Dose 1 date: ____ / ____ / ____ • Dose 2 date: ____ / ____ / ____ History of Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ? Grade: _____ Home Room/Teacher: _____ Last day at school before exclusion: ____ / ____ / ____		Parent/Guardian Phone: <ul style="list-style-type: none"> • Primary #: _____ • Secondary #: _____ City of Residence: _____ 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: _____ Population (students and staff) in school: _____ In classroom: _____ Have there been other cases at this school within the last 2 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Report to: Skagit County Public Health,
 Communicable Disease Division
Phone: (360) 416-1500 (M-F 8:30am-4:30pm)
Fax: (360) 416-1515

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