

Varicella (chickenpox) Report Form

Minnesota Sentinel Schools

2009 - 2010

DATE:

TO: VPD Surveillance Unit
Minnesota Department of Health

Report varicella (chickenpox) cases by fax, phone, or mail.

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 Name	last	first
Parent / Guardian Name		
Parent/Guardian Phone	Student / Staff (circle one)	
Home () _____	Grade _____	
Work () _____	*Vaccinated ____ (Y N U)	
Cell () _____	Dose 1 Date - ____/____/____	
	Dose 2 Date - ____/____/____	
School/Facility	City	
Name of person reporting	TITLE	Phone () _____

*Provide as much detail as is available (e.g., year, month/year, or month/day/year).



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P.O. Box 64975
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651-201-5414 or 1-877-676-5414
www.health.state.mn.us/immunize