



Hidalgo County Health Department

PUBLIC HEALTH PREPAREDNESS AND RESPONSE TEAM

1304 S. 25th Ave. • Edinburg, Tx 78501 • Phone (956) 318-2426 • Fax (956) 318-2431



VARICELLA (*chickenpox*) Reporting Form

Please use this form to report cases of varicella to our department by the end of the week

Fax (956) 318-2431

ONSET DATE		VACCINATED AGAINST VARICELLA?	YES	NO
		DATE VARICELLA VACCINE ADMINISTERED: ___/___/___		
LAST NAME	FIRST	DOB	SEX	RACE
ADDRESS	CITY	ZIP CODE	HISPANIC? YES NO	
PATIENTS'S PHONE		DOCTORS'S NAME:		

ONSET DATE		VACCINATED AGAINST VARICELLA?	YES	NO
		DATE VARICELLA VACCINE ADMINISTERED: ___/___/___		
LAST NAME	FIRST	DOB	SEX	RACE
ADDRESS	CITY	ZIP CODE	HISPANIC? YES NO	
PATIENTS'S PHONE		DOCTORS'S NAME:		

ONSET DATE		VACCINATED AGAINST VARICELLA?	YES	NO
		DATE VARICELLA VACCINE ADMINISTERED: ___/___/___		
LAST NAME	FIRST	DOB	SEX	RACE
ADDRESS	CITY	ZIP CODE	HISPANIC? YES NO	
PATIENTS'S PHONE		DOCTORS'S NAME:		

ONSET DATE		VACCINATED AGAINST VARICELLA?	YES	NO
		DATE VARICELLA VACCINE ADMINISTERED: ___/___/___		
LAST NAME	FIRST	DOB	SEX	RACE
ADDRESS	CITY	ZIP CODE	HISPANIC? YES NO	
PATIENTS'S PHONE		DOCTORS'S NAME:		

REPORTING FACILITY NAME: _____ PHONE: _____

CITY: _____ COUNTY: **HIDALGO**

PERSON FILLING OUT THIS FORM: _____
NAME/TITLE (PRINT)

Report any suspected outbreaks or unusual expressions of illness to: (956) 318-2432 (24/7/365) Emergency only

For more information visit our web site <http://www.hchd.org>