

Page______OF _____

COMMUNICABLE DISEASE SURVEILLANCE UNIT 277 Victoria Street, 10th Floor, Toronto, Ontario M5B 1W2 Tel: (416) 392-7411

Please Complete and Fax to 416-392-0047

REPORT OF CHICKENPOX (VARICELLA) IN TORONTO

		FACILITY I	NFORMATION		
School Day O		Nursery O	Doctor's Office O	Other O	
Facility Name:					
Facility Address:	: (complete addr	ess, including pos	stal code)		
Facility Telephor	ne number:		Facility Fax Number:		
Person Reportin	g: (name and tit	le)			
School Trustee:					
	PATIENT IN	NFORMATION (a	dd additional pages if req	quired)	
Male: O	Female: O	Female: O Date of Birth:			
	accination Stat	us (Two doses re No O	equired if ≥ 13 at dose 1) Date if known		
Dose 2:	Yes O	No O	Date if known		
2 Name:					
	Female: O		Date of Birth:		
	accination State	us (Two doses re No O	equired if ≥ 13 at dose 1) Date if known		
Dose 2:	Yes O	No O	Date if known		
3 Name:					
Male: O	Female: O		Date of Birth:		
Chicken Pox-Va Dose 1:	accination State	us (Two doses re No O	equired if ≥ 13 at dose 1) Date if known		
Dose 2:	Yes O	No O	Date if known		
		TPH U	ISE ONLY		
CDSU Clerk:			ea Office:		
Date Processed:			HIS# / Notes:		

Personal health information contained on this form is collected under the authority of the Health Protection Promotion Act, R.S.O. 1990 c.H. 7 and is used to investigate communicable disease events and to control and prevent the spread of communicable/infectious diseases. For information about the way we protect the confidentiality of personal health information please see our Information Practices Statement the Toronto Public Health Website. If you have questions about the information collected on this form please contact the TPH Privacy Officer at (416) 338-7600. This facsimile transmission is intended for the addressee indicated above. It may contain information that is privileged, confidential, or otherwise protected from disclosure. Anyreview, dissemination or use of this information or contents by persons other than the addressee is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone (collect if necessary) so that we may arrange for its return at our expense. Thank you for your cooperation. (Revised April 27, 2017)