TORONTO Public Health
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 INFORMATION

School Day ○ Nursery ○ Doctor's Office ○ Other ○

Facility Name:_____

Facility Address: (complete address, including postal code)

_____

Facility Telephone number: _____ Facility Fax Number:_____

Person Reporting: (name and title) _____

School Trustee:_____

PATIENT INFORMATION (add additional pages if required)

1 Name: _____

Address: _____

Male: ○ Female: ○ Date of Birth: _____

Chicken Pox-Vaccination Status (Two doses required if ≥ 13 at dose 1)

Dose 1: Yes ○ No ○ Date if known _____

Dose 2: Yes ○ No ○ Date if known _____

2 Name: _____

Address: _____

Male: ○ Female: ○ Date of Birth: _____

Chicken Pox-Vaccination Status (Two doses required if ≥ 13 at dose 1)

Dose 1: Yes ○ No ○ Date if known _____

Dose 2: Yes ○ No ○ Date if known _____

3 Name: _____

Address: _____

Male: ○ Female: ○ Date of Birth: _____

Chicken Pox-Vaccination Status (Two doses required if ≥ 13 at dose 1)

Dose 1: Yes ○ No ○ Date if known _____

Dose 2: Yes ○ No ○ Date if known _____

TPH USE ONLY

CDSU Clerk: _____ Area Office: _____

Date Processed: iPHIS# / Notes: