IDRS Infectious Disease Reporting System

Disease Reporting 24 Hours a Day Columbus Public Health and Franklin County Public Health

VARICELLA REPORTING FORM
FAX TO (614) 525-8890

Demographic Information

Patient's First Name	Patient's Last Name	Patient's Date of Birth

Address	

City	Zip

☐ Male ☐ Female	Race ☐ White ☐ Black ☐ Asian/PI ☐ Am Indian ☐ Other	Ethnicity ☐ Hispanic ☐ Non-Hispanic

Parent/Guardian's First Name (if applicable)	Parent/Guardian's Last Name (if applicable)

Phone	
	☐ Home ☐ Work ☐ Cell

Clinical Information

Diagnosed with SHINGLES?
☐ Yes* ☐ No *If yes, no further information in this section required; skip to Reporting Source.

Rash ☐ Yes ☐ No ☐ Unknown	Rash Onset Date	Rash location ☐ Face/Head ☐ Arms ☐ Legs ☐ Inside Mouth ☐ Trunk ☐ Other

Severity of Varicella ☐ <50 Lesions ☐ 50 – 500 Lesions ☐ 500+ Lesions	Received Varicella Vaccine ☐ Yes ☐ No ☐ Unknown

Date(s) of Vaccination Dose 1: Dose 2:

Fever ☐ Yes ☐ No ☐ Unknown	Lab Testing Done ☐ Yes ☐ No ☐ Unknown	Specimen Collection Date:

Reporting Source

Contact Name	☐ Physician's Office ☐ School ☐ Lab ☐ Preschool/Childcare

Facility Name

Phone Number	Fax Number

Franklin County Public Health

c/o Franklin County Public Health, 280 East Broad Street, Columbus, Ohio 43215-4562

Call: (614) 525-8888 • After Hours: (614) 525-3965 • Fax: (614) 525-8890

Email: idrs@franklincountyohio.gov • Web: www.idrsinfo.org

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
COLUMBUS PUBLIC HEALTH