

# CHICKEN POX REGISTER

**Please fax or mail register by the end of each month**

**All other reportable diseases are to be phoned to the Windsor-Essex County Health Unit at (519) 258-2146**

Date Reported: <small>(mm/dd/yyyy)</small>	Date of Birth: <small>(mm/dd/yyyy)</small>	Age:
Name: <small>(First) (Middle) (Last)</small>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: <small>(Street) (City) (Postal Code)</small>		
Phone: (    )	Diagnosing Physician:	
Work/School/Daycare:		
Hospitalization: <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, where: _____		
Varicella vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, date of vaccination: _____ <small>(mm/dd/yyyy)</small>		

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Varicella vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, date of vaccination: _____ <small>(mm/dd/yyyy)</small>		

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Clinic\EPI\FORMS\Chicken Pox Register

*For further copies of the Chicken Pox Register, please download at our website.*

**Windsor Office:**  
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