

# Chickenpox and Shingles Case Report Form for Minnesota Schools and Child Care

Date reporting (mm/dd/yyyy):

To: Minnesota Department of Health, VPD Surveillance Unit

Use this form to report all chickenpox cases in children and staff and all shingles cases in children under 18 by fax, phone, or mail. MDH will contact parent/guardian to request more information.

Fax number: 1-800-295-9769

Phone: 651-201-5414 or 877-676-5414

Address: Minnesota Department of Health  
Vaccine Preventable Disease Surveillance  
PO Box 64975S  
St. Paul, MN 55164-0975

## Case and parent or guardian information

Case last name:

Case first name:

Case date of birth (mm/dd/yyyy):

Parent or guardian name(s):

Grade or classroom:

Vaccinated: Yes No Unknown

Parent or guardian contact information:

Dose 1 date (mm/dd/yyyy):

Home phone:

Dose 2 date (mm/dd/yyyy):

Work phone:

Cell phone:

City of residence:

Zip code:

## Rash information

Date rash began, if known (mm/dd/yyyy):

Provider or clinic where case was seen:

Last date attended (mm/dd/yyyy):

Type of rash: Chickenpox Shingles

Observed by school or child care staff? Yes No

## Facility information

Name of school or child care center:

Name and title of person reporting:

City:

Have there been any other cases of chickenpox or shingles at this facility within the last 2 months?

Yes No Unknown

Phone:

If yes, approx. number of cases: