

CHICKEN POX - Daily Reporting Form

Fax to: 705-474-2809

DATE: _____

NAME OF DAYCARE/SCHOOL : _____

Child Last Name	First Name	Gender	Date of Birth yyyy/mm/dd	Parent Name	Mailing Address	Telephone Number

- NOTE:**
- Include only NEW cases of chicken pox

Principal/delegate: _____

Date: _____

Communicable Disease Control Program
 Telephone: (705) 474-1400 or 1-800-563-2808
 Fax: (705) 474-2809
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