

CHICKEN POX - Daily Reporting Form

To access information on chicken pox and/or to share with your school/childcare community, please visit www.myhealthunit.ca

Please contact the Communicable Disease Control Program for any questions or concerns.

Date:			Name of Child Care / School:			
Child Last Name	First Name	Gender	Date of Birth yyyy/mm/dd	Parent Name	Mailing Address	Contact Number
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				

NOTE: Include only NEW cases of chicken pox

Principal/delegate: _____

Date: _____



Communicable Disease Control
Contrôle des maladies transmissibles
myhealthunit.ca

Tel: 705 474-1400 or 1-800-563-2808 ext. 5229
Fax: 705-482-0670