Varicella Reporting Form for Schools and Daycares in Kane County

Varicella (Chickenpox) is required by law to be reported to local health departments. Use this form to report a varicella case. ***Fax this report to (630) 897-8128 or call (630) 232-5861 to report.***

Reporter Information

Name of school or daycare:

City:

Phone number:

Name and title of person reporting:

Reporter's email

Did this facility have any other cases of varicella or shingles within the last 42 days? ☐ Yes ☐ No ☐ Unknown

Case information

Case name (last, first):

Case date of birth:

Case address, city, and zip code:

Grade or classroom:

Last day attended school/daycare:

Vaccination history

Received varicella vaccine? ☐ Yes ☐ No ☐ Unknow

If yes, how many doses? ☐ 1 dose ☐ 2 doses ☐ Unknown

If yes, date(s) of vaccination:

Varicella dose 1 *(MM/DD/YYYY):*

Varicella dose 2*(MM/DD/YYYY)*:

Parent/guardian name(s):

Parent/guardian phone number(s):

Disease Information

Rash onset date, if known:

Type of rash ☐ Generalized (Chickenpox) ☐ Localized (Shingles)

Additional comments *(i.e., rash location, number/appearance of lesions)*

Medical provider where case was seen:

City:

Date case was seen:

Mumps Reporting Form for Schools and Daycares in Kane County

Mumps is required by law to be reported to local health departments. Use this form to report a mumps case.* ***Fax this report to (630) 897-8128 or call (630) 232-5861 to report.***

Reporter Information

Name of school or daycare:

Today's date

City:

Phone number:

Name and title of person reporting:

Reporter's email

Did this facility have any other cases of mumps within the last 50 days?

☐ Yes ☐ No ☐ Unknown

Case information

Case name (last, first):

Grade or classroom:

Case date of birth:

Last day attended school/daycare:

Case address, city, and zip code:

Parent/guardian name(s):

Vaccination history

Received MMR vaccine?

☐ Yes ☐ No ☐ Unknown

Parent/guardian phone number(s):

If yes, how many doses?

If yes, date of last MMR vaccination:

(MM/DD/YYYY):

Disease Information

Parotitis/ other salivary gland swelling onset date, if known:

Was case tested?

☐ Yes ☐ No ☐ Unknown

Additional comments

Medical provider where case was seen:

City:

Date case was seen:

*Illinois Administrative Code Title 77, Section 690.550

Pertussis Reporting Form for Schools and Daycares in Kane County

Pertussis (Whooping Cough) is required by law to be reported to local health departments. Use this form to report a pertussis case.* ***Fax this report to (630) 897-8128 or call (630) 232-5861 to report.***

Reporter Information

Name of school or daycare:

Today's date

City:

Phone number:

Name and title of person reporting:

Reporter's email

Did this facility have any other cases of pertussis within the last 42 days?

Yes ☐ No ☐ Unknown ☐

Case information

Case name (last, first):

Case date of birth:

Case address, city, and zip code:

Grade or classroom:

Last day attended school/daycare:

Parent/guardian name(s):

Vaccination history
Received pertussis vaccine?
Yes ☐ No ☐ Unknown ☐

If yes, how many doses?

Parent/guardian phone number(s):

If yes, date(s) of last pertussis vaccination:

(MM/DD/YYYY):

Disease Information

Cough onset date, if known:

Was case tested?

Yes ☐ No ☐ Unknown ☐

Additional comments

Medical provider where case was seen:

City:

Date case was seen:

*Illinois Administrative Code Title 77, Section 698, Appendix A