

SCHOOL/DAYCARE CHICKENPOX REPORTING FORM

Upon notification of **each** case of chickenpox:

1. Complete this form. The form can be found online at www.wechu.org (search word chickenpox).
2. Fax completed form to **226 783-2132 (within one business day)**.
3. Distribute the "Exposure to Chickenpox" letter (received by email from the health unit).

Date reported to school/daycare:		Information obtained from:	
Name of school/daycare reporting:		Is the school attached to a daycare? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Administrator's name:		Contact number:	
Administrator's email:			
Student date of birth: (yyyy/mm/dd)		Age:	Sex:
Name of student:			
(First)	(Middle)	(Last)	
Address:			
(Street)	(City)	(Postal Code)	
Name of parent/guardian:			
Home phone: ()		Alternate phone: ()	
Language spoken at home:			
Last day attended school/daycare: (yyyy/mm/dd)		Does the student attend latchkey? No <input type="checkbox"/> Yes <input type="checkbox"/>	

Collection of information conforms to the Health Promotion and Protection Act, R.S.O. 1990, c. H.7, s. 28 and the Infectious Disease Protocol, 2016. Please contact the Windsor-Essex County Health Unit for further information.

***Once the Windsor-Essex County Health Unit has confirmed receipt of this fax, please destroy this form in a confidential manner.**