



## Chickenpox (Varicella) Weekly Reporting Form

Please report all cases of chickenpox occurring within a one week period and return the completed form to:

Ottawa Public Health  
Communicable Disease Control Program  
100 Constellation Drive, 7 West  
Ottawa, Ontario, K2G 6J8  
Fax: 613-580-9640

| Age         | Number of Cases by Age |
|-------------|------------------------|
| <1          |                        |
| 1-4         |                        |
| 5-9         |                        |
| 10-14       |                        |
| 15-19       |                        |
| 20-24       |                        |
| 25-29       |                        |
| 30-39       |                        |
| 40-49       |                        |
| 50-59       |                        |
| 60>         |                        |
| Unspecified |                        |
| TOTAL       |                        |

Name (agency/school /child care facility):

Week of (yyyy/mm/dd):

Signature of person reporting: \_\_\_\_\_

*This information is collected under the authority of the Health Protection and Promotion Act R.S.O. 1990, C.H7, s.5 for the purpose of preventing the spread of communicable diseases in Ottawa. Any questions should be directed to the Communicable Diseases Manager at 613-580-6744 ext 24224.*