

Williamson County & Cities Health District

Varicella Reporting Form

Please fax to WCCHD (512) 930-4017 at the end of every week
 Phone: 512-943-3660 • 100 W. Third St. • Georgetown, Texas 78626



Onset Date: ____/____/____	Vaccinated against Varicella <input type="checkbox"/> Yes <input type="checkbox"/> No	Number if Vaccines Rec'd <input type="checkbox"/> 1 <input type="checkbox"/> 2	Date of Vaccination: ____/____/____	Date of Vaccination: ____/____/____	___ Excel ___ NBS ___ Imm ___ Notif
Last Name:	First Name:	D.O.B. ____/____/____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	
Address:	City:	Zip Code:	Phone Number: () _____ - _____	Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Agency Reporting: _____ City: _____
 Phone: () _____ - _____ Date Faxed: ____/____/____ Contact Name: _____
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