

State of Maine Immunization Program

Varicella (Chickenpox) Case Report Form

School District: _____

School Name: _____

Report for the week ending: __ / __ / ____

Fax to Maine Immunization Program: 1-800-437-5743 or 207-287-8127.

Grade	Total Enrollment	New case (this week only)
K		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Total		

Comments:

School Nurse's Name: _____ R.N.

School Nurse's Phone Number: (207) ____ - ____ X ____