

# CHICKEN POX

## DAILY REPORTING FORM

DATE: \_\_\_\_\_

NAME OF  
DAYCARE/SCHOOL : \_\_\_\_\_

Child Name	Date of Birth <small>yy/mm/dd</small>	Parent Name	Mailing Address	Telephone Number

- NOTE:**
- Include only NEW cases of chicken pox

Principal/delegate: \_\_\_\_\_

Date: \_\_\_\_\_

**Communicable Disease Control Program**  
 Telephone: (705) 474-1400 or 1-800-563-2808  
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