



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
Infectious Disease Program
100 Constellation Drive
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 /childcare 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 infectious diseases in Ottawa. Any questions should be directed to the Infectious Disease Program Manager at 613-580-2424 ext 24224.

April 2024

