



# WESTWAYS STAFFING SERVICES, INC.

## Varicella Questionnaire

It is recommended that healthcare workers, teachers of the young, daycare workers, college students, and those who travel internationally, are confined to institutional settings and in the military obtain the vaccine introduced in 1995.

Chickenpox is an infectious disease caused by the Varicella, a virus of the herpes family. The transmission is spread by coughing, sneezing, direct contact and considered highly contagious.

An individual is contagious for 1-2 days followed by 10-21 days before symptoms appear. Individuals who may not be able to take the vaccine have a preventative treatment called Varicella Zoster Immune Globulin(VZIG).

For more information, contact the National Immunization Hotline.

- It is my belief that I have had Varicella (chickenpox).  Y Date \_\_\_\_\_  N
- As a child I lived with a sibling who had chickenpox.  Y Date \_\_\_\_\_  N
- I have cared for a child in my home who had chickenpox.  Y Date \_\_\_\_\_  N
- Acyclovir is a medication I have taken for herpes viruses.  Y Date \_\_\_\_\_  N
- My medical history includes having herpes zoster (shingles).  Y Date \_\_\_\_\_  N
- A blood test to establish my titer has been determined.  Y Date \_\_\_\_\_  N
- A copy of the results is available and I have/can provide.  Y  N

If no or you cannot provide the results you may be asked to establish a titer by blood test. If yes, the results can be provided within ten (10) business days and are available from:

Facility Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### EMPLOYEE INFORMATION

Print Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WSS Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_