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VARICELLA QUESTIONNAIRE

This Questionnaire is a MEDTEAM STAFFING EMPLOYMENT REQUIREMENT designed to determine your history of Varicella a.k.a. chickenpox. Please complete all of the following questions to the best of your knowledge.

It is recommended that healthcare workers, teachers of the young, daycare workers, college students, those who travel internationally, confined to institutional settings or in the military obtain the vaccine which was 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 - (800) 232-2522.

- 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 Date _____ N

If no, or you cannot provide 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: _____

MedTeam Staffing Representative Signature: _____ Date: _____