

**WIHS MEDICAL RECORD ABSTRACTION FORM  
VARICELLA ZOSTER**

**FORM M20  
FORM VERSION 08/15/97**

RECORD NUMBER:

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WIHS ID NUMBER:

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SEQUENCE

FORM # \_\_\_\_ OF \_\_\_\_

DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:

		/			/		
	M			D			Y

ABTRACTOR'S INITIALS:

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A1. Date of abstraction

		/			/		
	M			D			Y

**SECTION B: DEFINITIVE DIAGNOSIS**

	<u>YES</u>	<u>NO</u>
B1. Clinically apparent typical (macular/papular progressing to vesiculopustular) varicella zoster lesions in a dermatomal distribution.....	1 <b>(END)</b>	2
B2. Atypical skin lesions (ulcerative, necrotic, or nodular).....	1	2 <b>(END)</b>
B3. Positive Tzanck smear.....	1 <b>(END)</b>	2
B4. Positive immunofluorescence staining for varicella zoster virus.....	1 <b>(END)</b>	2
B5. Positive culture for varicella zoster virus.....	1	2