[](http://nww.intranet.rdash.nhs.uk/home/corporate-templates/rotherham-doncaster-and-south-humber-nhs-foundation-trust-rgb-black/)

**Chickenpox/Shingles – Colleague Contact List**

|  |  |  |  |
| --- | --- | --- | --- |
| **Care Environment Area:** | **Date Index Case Symptomatic:** | **Index Case Name:** | **Index Case NHS Number:** |

| **Name** | **Significant Exposure**  **(Refer to A-Z of Pathogens)**  **Yes/No** | **Date of Exposure** | **History of Chickenpox?**  **Yes/No/Don’t know** | **Is this staff member high risk?**  **(Refer to A-Z of Pathogens)**  **Yes/No (Details if yes)** |
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**Copy of this information to be given to Occupational Health Provider.**