

**Chickenpox/Shingles – Colleague Contact List**

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| **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.**