

**Documentation of Varicella (Chickenpox)**

(To be filled out by the parent, guardian, or medical provider of the student)

This document is being submitted on behalf of:

\_\_\_\_\_ (Name of student) (Birth date of student)

I verify that the above listed student had the varicella disease (chickenpox) in \_\_\_\_\_ (year).

**or**

The above listed student has not had the varicella disease (chickenpox) but has been immunized with the vaccine. ( 2 doses have been given separated by at least one month.)

Varicella (1) \_\_\_\_\_; Varicella (2) \_\_\_\_\_.

\_\_\_\_\_ (Signature of parent/guardian/ or medical provider)

**Documentation of Varicella (Chickenpox)**

(To be filled out by the parent, guardian, or medical provider of the student)

This document is being submitted on behalf of:

\_\_\_\_\_ (Name of student) (Birth date of student)

I verify that the above listed student had the varicella disease (chickenpox) in \_\_\_\_\_ (year).

**or**

The above listed student has not had the varicella disease (chickenpox) but has been immunized with the vaccine. (2 doses have been given separated by at least one month.)

Varicella (1) \_\_\_\_\_; Varicella (2) \_\_\_\_\_.

\_\_\_\_\_ (Signature of parent/guardian/ or medical provider)