

CHICKENPOX ILLNESS VERIFICATION

This form **MUST** be returned with Vaccination Record if student is **NOT** receiving a Chickenpox Vaccine

Beginning school year (SY) 2009-2010, students are required to have two doses of varicella vaccine received on or after the first birthday for the following grades and school years (two doses are required if the child was thirteen years old or older at the time the first dose of varicella vaccine was received):

2014-2015 K-5th and 7th -12th

2015-2016 K-12th

Documentation of Prior Chickenpox Illness

By my signature, I verify that _____ had chickenpox (varicella) disease
Name of student

on or about _____ and does not need chickenpox (varicella) vaccine.
Month/Year

Parent/Guardian Signature: _____ Relationship: _____

Date: _____

OR

Serologic confirmation (blood test) of varicella immunity or serologic evidence of infection

Physician Signature: _____ Date: _____