

PARENTAL CHICKENPOX VERIFICATION

Date: _____

Child's Name: _____

Parent's Name: _____

Approximate Date of Illness: _____

My child has not received the Varicella immunization. I am documenting that my child has had chickenpox evidenced by the following four criteria.

_____ Had acute onset of illness

_____ Rash without other apparent cause

_____ General rash with severe itching on the trunk

_____ The lesions crusted over

Parent Signature: _____

Date: _____

Note: Students entering kindergarten in 2002 and thereafter must have documented proof of having had the Varicella vaccine or written proof of having had chickenpox.

See reverse side for guidelines of acceptable evidence of immunity to Varicella.