



PARENT STATEMENT OF CHILD'S VARICELLA DISEASE HISTORY

This is to verify that my son/daughter, _____, had Varicella
(chicken pox disease) on or about _____ (date, including
specific month, day and year) and does not need to be vaccinated with the Varicella
vaccine.

My child's date of birth is _____.

Parent Signature

Date Statement Signed

A statement will be required per child who has experienced chickenpox disease.