

**Documentation of Varicella
(Chickenpox) Disease**



Vermont's School Immunization Regulations apply to students in attendance at any public or independent kindergarten, any elementary or secondary school and certain post-secondary schools. Before school entry, students must have the required immunizations, including 2 doses of varicella (chickenpox) vaccine. However, students who have had chickenpox disease can still enroll provided this form be completed, signed and provided to the school. Please note that this form does not need to be signed by a physician or other health care provider. **RETURN THIS FORM TO THE STUDENT'S SCHOOL.**

This document is being submitted on behalf of the following student:

Name:

Last First

Date of Birth :
____/____/____

I _____ verify that the above listed student
Parent/Guardian/Scif (18 and over)

had varicella (chickenpox) disease in ____/____.
Month Year

Signature of parent or guardian of student or student 18 and over _____ Date ____/____/____

RETURN THIS FORM TO THE STUDENT'S SCHOOL.

**The Vermont Department of Health
Immunization Program
108 Cherry Street
Burlington, Vermont 05401**

**802-863-7638 or
1-800-464-4343 ext. 7638
healthvermont.gov**