Children’s Services Chicken Pox
Verification Form

Dear Parent of: __________________________ Date: __________________
Teacher/HV: ___________________________ County: L O W M
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Children should be given the Chicken Pox Vaccine (Varicella) between 12 – 15 months of age unless the child has had the chicken pox illness. We require a written statement about your child’s chicken pox history. Please complete the form below.

- My child ____________________, had the chicken pox disease at the age of ____________________.
- My child ____________________, received the chicken pox vaccine.

**Date** child received the chicken pox vaccine: __________________________

**Office** where chicken pox vaccine was given: __________________________

- My child ____________________, has not had the chicken pox disease or received the Varicella vaccine. I will contact my child’s doctor or Health Department to schedule an appointment for my child to receive this vaccine.

Parent’s Signature: __________________________ Date: __________________

Thank You for Your Time,

Children’s Services Staff