



Verification of Varicella (Chickenpox) Immunization

This is to verify that _____ had chickenpox on or about

(Student Name)

_____ and does not need the Varicella vaccine.

(Month/Year)

OR

My child, _____ has had the Varicella vaccine.

(Student Name)

Proof of immunization is attached.

(Student Name)

Parent/Guardian Signature

Date