DOCUMENTATION OF HISTORY OF VARICELLA (CHICKENPOX) DISEASE FOR CHILD ATTENDING DAYCARE

The parent(s) of _____, born _____
child's name *child's date of birth*

do hereby affirm that their child, (or the child for whom they are legally responsible), has had varicella (chickenpox) disease before the required age for varicella immunization in the daycare and is no longer susceptible to the varicella (chickenpox) disease.

The date of the illness was _____.

_____ _____
Signature of Parent or Guardian Date

_____ _____
Signature of Parent or Guardian Date

_____ _____
Signature of Daycare Staff Member Date

_____
Name and Address of Daycare