

**HISTORY OF VARICELLA (CHICKENPOX) DISEASE
DOCUMENTATION FOR CHILDREN ATTENDING DAYCARE**

Child's Name: _____

DOB: _____

To be eligible to attend a Montana child care facility, by 19 months of age or older, a child must have proof of at least one of the following:

- a) Having received one dose of varicella vaccine, in accordance with ARM 37.95.140, or
- b) a signed statement from a healthcare provider confirming the diagnosis of varicella following a physical examination or laboratory confirmation of the disease, or
- c) a written and signed statement from a physician stating that administration of the varicella vaccine is medically contraindicated (Medical Exemption form HES101).

Any child without proof of one of the above will not be allowed to attend the child care facility.

Date child was examined and diagnosed with varicella infection: _____

and/or, is there laboratory evidence showing immunity against varicella? Yes___ or No___

if yes, date of confirmed laboratory test: _____

I do hereby affirm that this child has had a confirmed case of varicella (chickenpox) disease and is no longer susceptible to the varicella (chickenpox) disease.

Signature of Healthcare Provider

Date