

**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