

Varicella History Documentation Child Care And School Attendance



Child's Name: _____ **Date of Birth:** _____

To attend child care, preschool, or kindergarten through twelfth grade in Montana, children must have age appropriate vaccination, proof of immunity to varicella disease through confirmation of history of disease, or an exemption. The purpose of this form is to document immunity to varicella disease due to history of disease in lieu of receiving the vaccine.

There are two ways to document immunity to varicella disease through confirmation of history of disease.

- Diagnosis or verification of a history of varicella disease (chickenpox) or herpes zoster (shingles) by a healthcare provider (MD, DO, NP, PA)
- Laboratory evidence of immunity or laboratory confirmation of disease

I do hereby affirm that this child meets the criteria above and is protected against varicella (chickenpox) disease.

Date child was diagnosed with varicella disease: _____

or

Date of confirmatory laboratory test: _____

Signature of Health Care Provider

Date

Print Name

Clinic Name

Clinic Address