

**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