

Brandywine Heights Area School District  
**VARICELLA (CHICKEN POX) IMMUNITY STATEMENT**

Student Name \_\_\_\_\_ Birth date \_\_\_\_\_

Check one of the following boxes regarding Varicella (Chickenpox) immunity:

- Varicella Vaccine                      Date given \_\_\_\_\_
- Varicella Lab Evidence                  Date \_\_\_\_\_
- Varicella Disease                      Age of child when he/she had the disease \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(circle one: parent, guardian, or health provider)