

**TO BE FILLED OUT ONLY IF YOUR CHILD HAS ALREADY HAD  
CHICKEN POX**

Student's Name (Please Print): \_\_\_\_\_

Confirmation of Past Disease History

Varicella (Chicken Pox)

According to the Illinois General Assembly's Joint Committee on Administrative Rules (JCAR) dated April 10, 2002, a child must show proof of having received one dose of varicella vaccine on or after the first birthday, or proof of prior varicella disease, or laboratory evidence of varicella immunity.

The parent or legal guardian of the above named child has described to me a history that is indicative of past varicella disease infection on or about

\_\_\_\_\_  
(month and year)

This statement places the child as "Protected and in Compliance" for purposes of school attendance.

Signed: \_\_\_\_\_  
School Health Provider

Date: \_\_\_\_\_