Documentation of Varicella (Chickenpox) Disease



Vermont's School Immunization Regulations apply to students in attendance at any public or independent kindergarten, any elementary or secondary school and certain post-secondary schools. Before school entry, students must have the required immunizations, including 2 doses of varicella (chickenpox) vaccine. However, students who have had chickenpox disease can still enroll provided this form be completed, signed and provided to the school. Please note that this form does not need to be signed by a physician or other health care provider. RETURN THIS FORM TO THE STUDENT'S SCHOOL.

This document is being submitted on behalf of the following student:	
Name:	
Last	First
Date of Birth :	
IParent/Guardian/Self (18 and over)	verify that the above listed student
had varicella (chickenpox) disease in Month	<u>/</u> Year
Signature of parent or guardian of student or student	18 and over Date

RETURN THIS FORM TO:

University of Vermont
Center for Health and Wellbeing
Immunization Compliance Office
425 Pearl Street
Burlington, VT 05401

PH (802) 656-0602 FAX (802) 656-9350 ImmunizationCompliance@uvm.edu