

# 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**