



Dublin City School District

Students
5320 F4
New 5/13/25

History of Disease Form

Mumps, Rubeola (Measles), and/or Varicella (Chicken Pox) Only

Student's name _____ Date of Birth _____

The Ohio Department of Health requires all students attending school be protected from Mumps, Rubeola (Measles), and Varicella (Chicken Pox). This can be accomplished by receiving immunizations by a method approved by the department of health or having natural immunity, as evidenced by a history of the disease.

By completing this form, you are verifying that your child has **not** been fully vaccinated for Mumps, Rubeola (Measles) and/or Varicella (Chicken Pox) but has natural immunity.

I believe my child has a history of disease for:

- ☐ Mumps
- ☐ Rubeola (Measles)
- ☐ Varicella (Chicken Pox)

Parent/Guardian Statement:

I, the undersigned, hereby affirm that my child has had the disease(s) indicated above and has therefore developed natural immunity. I understand that in the event of an outbreak of any of the above diseases, my child may be excluded from school in accordance with public health guidance.

Parent/Guardian signature: _____

Date: _____

Address _____

Phone Number: _____