

Documentation of Varicella Disease

Submit this form to the child care program, school or college.

Vermont's Immunization Rule applies to any child or student attending any center-based or family child care facility, public or independent kindergarten, elementary and secondary schools, and undergraduates enrolled in colleges and universities. Before entry, children/students must have the required immunizations unless exempt for medical or religious reasons.

Before entry, all vaccine requirements must have been met, including two doses of varicella (chickenpox) vaccine. However, for those with a history of chickenpox disease, neither a vaccine nor an exemption is needed. This form (or other documentation such as a signed statement, or notation in an Immunization Registry or other health record) may be submitted to the child care program, school or college in lieu of vaccination. The signature of a health care practitioner is not needed.

Complete all information below on behalf of the child/student named. This form may not be altered.

_____/_____/_____
Child/Student first and last name Date of birth

I _____ verify that the above listed student
had varicella (chickenpox) disease in ____/_____.
Month Year

_____/_____/_____
Signature of parent or guardian of child/student, or student if age 18 or older Date



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802-863-7200

