

Varicella Disclaimer

Title ______

Social Security_____

Please check one of the following:

I have had Chickenpox as a Child Adult (Please Circle)
Validating documents are are not attached. (Please Circle)
I received the varicella immunization on
Validating documents are are not attached. (Please Circle)
I have had a titre done and results indicate immunity.
Validating documents are are not attached. (Please Circle)
I have never had chickenpox or the varicella vaccine.

·····

Technologist

Date

DiagnosTemps

Date