



Parent Varicella (Chicken Pox) Report Form

Student's name _____ Date of Birth _____

The Ohio Department of Health requires that all students who started attending Kindergarten during or after the 2006-2007 school year must have either received the Varicella (chicken-pox) vaccine or present evidence of having had the disease. If you do not have proof of your child's Varicella vaccination or illness he/she will need to be vaccinated now as this is a progressive requirement. We can accept any one of the following for proof of the Varicella requirement.

_____ 1. MY CHILD RECEIVED THE VARICELLA VACCINATION ON: _____

_____ 2. MY CHILD DID NOT RECEIVE THE VACCINATION BUT I HAVE A HEALTH CARE PROVIDER'S NOTE OR SCHOOL RECORD ATTACHED VERIFYING THIS ILLNESS.

_____ 3. MY CHILD DID NOT SEE A HEALTH CARE PROVIDER, BUT I BELIEVE HE/SHE HAS HAD CHICKEN POX.*

(* If you checked #3, please answer the following questions to describe your child's illness. A school nurse is required to review these symptoms. If the nurse has a question about these symptoms, this form will need to be reviewed by your child's health care provider. Please provide the name, address, and phone number of the health care provider you would like to review this form.

Please list the age you believe your child had Chicken Pox. _____

Did your child have a fever with this illness? _____

If yes, how high did it go and how long did it last? _____

Did your child have a rash with this illness? _____

If yes, please describe what the rash looked like, where it was located, how long it lasted, and whether it itched or was painful in any way. _____

Please list or describe any other symptoms your child had with this illness. _____

Health Care Provider: _____ Phone Number: _____

Address _____

Form completed by: _____ Date: _____
Name and relationship to child

Form reviewed by: _____ Date: _____
School nurse

_____ I agree this student appears to have had chicken pox.

_____ I have referred this information to the child's health care provider for review.