



Dublin City School District

Students
5320 F5
Revised 1/25/10

Medical Provider Review and Determination of Parent-Reported Varicella

Student's name _____ Date of Birth _____

Date _____

Dear Medical Provider,

As you are aware, 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 written parent or health care provider evidence of having had the disease. This is a progressive requirement that applies to your patient.

At registration for school, the parent/guardian completed the attached form indicating chicken pox in their child. However, after review of this information by the school nurse, the parent's description of the course of illness does not sound like a typical case of Varicella infection.

Please review the attached form and return this letter to the school indicating your recommendations for this student. The parent has given us written permission to contact you.

MEDICAL PROVIDER RECOMMENDATIONS (please complete A or B)

- A. _____ I have reviewed the attached parent-description of chicken pox, and believe this history is consistent with chicken pox infection and no Varicella vaccination is required.
- B. _____ I have reviewed the attached parent-description of chicken pox and DO NOT believe the history is consistent with chicken pox infection.

Varicella Vaccination was given on: _____

Health Care Provider Signature

Date

Please return this form to:

Thank you,

School Nurse