

STUDENTS ENTERING K, 1st, 2nd, 3rd, 4th, 5th, 7th, or 8th GRADES ONLY 2009-2010

The Arizona Department of Health Services (ADHS) has begun the process of implementing a varicella immunization or proof of disease requirement. This year students entering the grades listed above are required to provide documentation of having the Varicella (Chicken Pox) Vaccine or of having the disease itself.

We are asking you to please fill out the form below in order to provide that documentation. Thank you so much for your cooperation.

Documentation of Varicella (Chickenpox) Disease or Immunization

Student Name: _____ Date of Birth: _____

Grade (2009-2010 School Year): _____

Has your child ever had chickenpox (please circle one answer)?

Yes <i>(go to #1)</i>	No <i>(go to #2)</i>	Don't Recall <i>(go to #1)</i>
---------------------------------	--------------------------------	--

1. Please answer the following questions (please circle one answer):

- | | | | |
|---|---------------|--------------|---------------------|
| a) Was your child in "face-to-face" contact with other children who had chickenpox? | Yes | No | Don't Recall |
| b) Did your child have a rash on his/her body? | Yes | No | Don't Recall |
| c) Did the rash "itch"? | Yes | No | Don't Recall |
| d) Were there blisters present? | Yes | No | Don't Recall |
| e) Did "scabs" appear toward the end of the rash? | Yes | No | Don't Recall |
| f) When did your child have chickenpox?
<i>(approximate date)</i> | _____ / _____ | Month | Year |

2. If your child has not had chickenpox, has he/she had the varicella (chickenpox) shot (please circle one answer)?

	Yes	No	Don't Recall
--	------------	-----------	---------------------

If you circled **YES**, please take your child's immunization record to the CCS Health Aide so the date of the shot can be recorded in your child's health record.

If you circled **NO** or **Don't Recall**, please take your child to their doctor or to the local health clinic to get the chickenpox shot, then take their immunization record to the CCS Health Aide so the date can be recorded in your child's health record.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Address: _____

Telephone Number (where you can be reached during the day): _____