

**PAYSON UNIFIED SCHOOL DISTRICT  
DOCUMENTATION OF VARICELLA (CHICKENPOX)  
DISEASE OR IMMUNIZATION**

Campus: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

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

**2. If your child has NOT had chickenpox, has he/she had the chickenpox (Varicella) shot (please choose one answer)?**

	<b>Yes</b>	<b>No</b>	<b>Don't Recall</b>
--	------------	-----------	---------------------

If you circled YES, please provide your child's immunization records to the school nurse 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 local health clinic to get the chickenpox shot, then provide your child's immunization record to the school nurse so the date of the shot can be recorded in your child's health record.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_