



Complete the portion below only if your child **has had** Varicella (chickenpox) disease.

STATEMENT OF VARICELLA (CHICKENPOX) DISEASE

St Clair County Immunization Regulations require all children admitted to any public, private, or parochial elementary or secondary school, day care center, camp or any other organized care or educational facility, operating in St Clair County, to present a certificate indicating dates of all required immunizations.

I CERTIFY THAT MY CHILD		
Last Name:	First Name:	Middle Initial:
Birth Date:	Grade:	Date of School Enrollment:
HAS HAD VARICELLA DISEASE		
Date:	Age:	
(when did the student have Varicella-Chickenpox)		
Signature of Parent/Legal Guardian:	Date:	
Signature of School/Program Staff:	Date:	
School District:		
School/Child Care Program:		