Documentation of Varicella (Chickenpox) Disease

(To be filled out by the parent, guardian, or medical provider of the child/student)

This document is being submitted on behavior (Name of child/student)	(Birth date of child/student)
IParent/Guardian/Medical Provider	verify that the above listed child/student
had the varicella disease in	(year).
(Signature of parent/guardian/medical pr	ovider)