

**Northside Independent School District
Health Services Department**

Varicella (Chicken Pox) Validation Form

May be validated by parent/guardian or physician

This is to verify that _____
Student Name Date of Birth

has had the Varicella disease (chicken pox) on or about _____
Date of Illness

and does **NOT** need the Varicella vaccine.

Parent/Physician Signature

Print Name of Parent/Physician

Date

School

Grade