



Health – Chickenpox

Documentation of Varicella (Chickenpox) Disease

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

This document is being submitted on behalf of:

Name of Student

Birth Date of Student

I _____ verify that the above
listed student had the varicella disease in _____ year.

Signature of parent/guardian/medical provider

Source: Nebraska Health and Human Services System Web site: www.hhs.state.ne.us