

ROUND ROCK INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICE DEPARTMENT
FOREST NORTH ELEMENTARY

VERIFICATION OF CHICKEN POX

Please check the appropriate box:

My child _____ had varicella disease (chicken pox) on
Student's Name
or about _____ and does not need the varicella vaccine.
Month/Year

My child received the varicella vaccine. ***Proof of vaccination must appear on immunization records.***

Signature _____

Relationship _____

Date _____