



**IMMANUEL LUTHERAN SCHOOL**

*nurturing the heart, mind & soul*

**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 behalf of:

---

(Name of child/student)

(Birth Date)

I \_\_\_\_\_ verify that the above listed child/student:

- had the varicella disease in \_\_\_\_\_ (year).
- has had two vaccinations for varicella disease (see immunization records)

---

(Signature of parent/guardian/medical provider)

(Date)