STATEMENT OF VARICELLA DISEASE

(CHICKENPOX)

Macomb County Immunization Regulations require all children admitted to any public, private, or parochial elementary or secondary school, day care center, camp, or any other organized care or educational facility operating in Macomb County to present a certificate indicating dates of all required immunizations.

Complete the portion below **only** if your child has had varicella (chickenpox) disease. **This must be signed and witnessed at your child's school/child care program.**

I certify my child: _____
Last Name First Name M.I.

_____
Birth Date Grade Date of School Enrollment

has had varicella disease _____
(When did varicella occur: age or date)

Signature: _____ Date: _____
(Parent or Legal Guardian)

Witnessed by: _____ Date: _____
(School/Program Staff)

School District: _____

School/Child Care Program: _____

PLACE IN CHILD'S PERMANENT RECORD

MCHD/SIP 6/99, Revised 6/11