

KILLEEN INDEPENDENT SCHOOL DISTRICT

CHICKENPOX

Children in Pre-K must have one varicella vaccine after the first birthday or have had chickenpox (the disease). **Children in Kindergarten through 12th grade** must have had two doses of varicella vaccine after the first birthday or have had chickenpox (the disease).

Documentation of previous illness from physician, school nurse or parent/guardian or blood test (serologic proof) of immunity from a physician can substitute for the vaccinations.

Please complete the form below and return it to the school nurse or clinic.

_____ Has the following chickenpox history.
Name of Student

Please select one of the options below:

_____ Had the **disease** on _____.
Mo/Yr

_____ Has serologic confirmation of varicella immunity. Please provide statement from physician.

Signature

Relationship to student

Date