



CHICKEN POX (VARICELLA) QUESTIONNAIRE

Please answer the following questions. Please provide the necessary immunization documentation, if applicable.

Name: _____ Date of Birth: _____

Job Title: _____ Department: _____

_____ I have had the Chicken Pox

Approximate Age: _____

_____ I have had the Varicella (Chicken Pox) immunization

Date of immunization: _____

_____ I have **NOT** had the Chicken Pox

_____ I do not know if I have had the Chicken Pox

Signature

Date

Employee Health

Date

Fax to 874-3410

If Questions, please call Employee Health at 874-4325 or 874-2870