



North East Independent School District

8961 TESORO DRIVE – SAN ANTONIO, TEXAS 78217
Phone (210) 804-7147, Fax (210) 804-7171

Chickenpox (*Varicella*)

REQUIREMENTS:

- **Two doses of vaccine with the first dose given on or after the first birthday**
- **A written statement from a parent or health care provider stating the student's history of the illness and the approximate date of the illness.**

Take proof of your child's vaccination to your school nurse **OR** sign and return the Documentation of Prior Illness (printed below) to your school nurse.

(Detach and return)

Documentation of Prior Illness

This is to verify that _____
STUDENT'S NAME *DATE OF BIRTH*

had varicella disease (Chickenpox) on or about _____
DATE

and does not need the Varicella Vaccine.

Signature

Date

Relationship to Student

Teacher

School

Grade