



198 East Street, Coopersville, Michigan 49404

Home of the Broncos www.coopersvillebroncos.org

616 997-3200

Student Name _____

Date of Birth _____

VERIFICATION OF CHICKENPOX

The Michigan State Health Department requires that a parent signature be on file at school verifying a child has had chickenpox. If your child has had chickenpox, a varicella immunization is not required. Please sign and return this form for your child's file.

This is to verify my child has had chickenpox.

Parent Signature

Month/Year of Disease

OR:

My child has not had the chickenpox.

Record of Varicella immunization is required.

Parent Signature

Date