

**MARPLE NEWTOWN SCHOOL DISTRICT  
NEWTOWN SQUARE, PENNSYLVANIA 19073  
HEALTH SERVICES DIVISION**

**Varicella Immunity Statement**

**PA Department of Health has new immunization requirements for the 2010-2011 school year. Children in ALL grades need 2 doses of varicella (chickenpox) vaccine or history of disease.**

Student Name: \_\_\_\_\_

VACCINE

Varicella Vaccine dates given: 1<sup>st</sup> dose \_\_\_\_\_

2<sup>nd</sup> dose \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date \_\_\_\_\_

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DISEASE

\_\_\_\_\_ Chickenpox Disease

Age at time of illness: \_\_\_\_\_

Physician signature **not** required for history of disease:

**Please return this form to your child's school nurse.**