

Odem Edroy Independent School District
P O Box 727
Odem, Texas 78370
361-368-6411 ext 238

CHICKEN POX (VARICELLA)

REQUIREMENTS:

- ONE DOSE (ON OR AFTER 1ST BIRTHDAY)
- IF FIRST DOSE IS RECEIVED ON OR AFTER AGE 13, TWO DOSES ARE REQUIRED

Take proof of your child's vaccination to your school nurse OR sign and return the Documentation to 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 (Chicken Pox) on or about _____
Date

and does not need the Varicella Vaccine.

Signature _____ Date _____

Print name of parent/guardian name _____

Teacher _____ Grade _____ School _____