



Health  
Department

# Statement of Varicella Disease **CHICKENPOX**

The Michigan Public Health Code Act 368 of 1978 Part 92 Immunization and Macomb County Immunization Regulations require all children admitted to any public, private, parochial, special education, alternative education, adult education, career/technical education, homeschool cooperative, virtual school or charter academy, childcare center, nursery school, preschool, camp, or any other organized care or educational facility operating in Macomb County to present a certificate indicating dates of all required immunizations.

Complete the portion below **only** if your child has had varicella (chickenpox) disease. **This form must be signed and witnessed at your child's school/childcare program.**

I certify my child: \_\_\_\_\_  
Last Name First Name M.I.  
\_\_\_\_\_  
Birth Date Grade Date of School Enrollment

Has had varicella disease \_\_\_\_\_  
(When did varicella occur: Age or Date?)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(School/Program Staff)

School District: \_\_\_\_\_

School/Childcare Program: \_\_\_\_\_

**PLACE THIS FORM IN THE CHILD'S PERMANENT RECORD**