



CHIPPEWA VALLEY SCHOOLS

19120 Cass Avenue, Clinton Township, MI 48038
(586) 723-2000 – FAX (586) 723-2001

Inspiring and Empowering Learners to Achieve a Lifetime of Success



STATEMENT OF VARICELLA DISEASE (Chickenpox)

Macomb County Immunization Regulations require all children admitted to any public, or parochial elementary or secondary school, day care center, 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/care program.**

I certify my child has NOT had Chickenpox/Varicella Disease.

I certify my child:

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Birthdate	Grade	Date of School Enrollment

has had Chickenpox/Varicella Disease: _____
(When did varicella occur? Age or Date)

Signature: _____
(Parent or Legal Guardian)

Date: _____

Witness: _____
(School/Program Staff)

Date: _____

School District: Chippewa Valley Schools

School/Childcare Program: _____