



The Brook Hill School

Christ-Centered. College Prep.

If your child has had Varicella or Chicken Pox, please complete the form below and return as soon as possible.

“This is to verify that _____ had Varicella
(name of student)

or Chicken Pox on or around _____ and does
(month/year)

not need the Varicella vaccine”

Signature

Relationship to Student

Date