

Varicella Requirement

A number of years ago the Arizona Department of Health Services (ADHS) initiated a process to implement a varicella immunization requirement for schools in the state. Implementation began at the onset of the 2005-2006 school year. At that time children attending child care, Head Start, K, 1st, and 7th grades were required to show proof of immunization or history of varicella (Chicken Pox) infection. Two grades were added each year thereafter until 2010 when all grades K-12 were included.

The varicella requirement has been finalized and put into law (see Arizona Revised Statutes 15-871 thru 15-874). The Arizona Immunization Requirements can be viewed here: <http://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/school-childcare/immunizations-preschool.pdf>

ADHS requests that school nurses and health assistants document history of varicella infection or immunization on the Arizona School Immunization Record (ASIR 109)/ Parental Recall of the disease is acceptable. The form below was designed to help us collect and document history of varicella infection or immunization to meet requirements of the statute.



Student Name: _____ D.O.B: _____

School Name: _____ Grade: _____

Has your child ever had chicken pox?	Yes <small>(go to #1)</small>	No <small>(go to #2)</small>	Don't Recall <small>(go to #1)</small>
---	---	--	--

1. Please answer the following questions (please circle one answer):

- | | | | |
|--|------------|----------------------------------|---------------------|
| a) Was your child in "face-to-face" contact with other children who had chicken pox? | YES | NO | Don't Recall |
| b) Did your child have a rash on his/her body? | YES | NO | Don't Recall |
| c) Did the rash "itch"? | YES | NO | Don't Recall |
| d) Were there blisters presence? | YES | NO | Don't Recall |
| e) Did "scabs" appear toward the end of the rash? | YES | NO | Don't Recall |
| f) When did your child have chickenpox? | | _____/_____
Month Year | |

2. If your child has not had chickenpox, has he/she had the chickenpox (varicella) shot?	YES	NO	Don't Recall
--	------------	-----------	---------------------

If you said YES, please take your child's immunization record to the school nurse so the date of the shot can be recorded in your child's record.

If you circled NO, or Don't Recall, please take your child to their doctor or to the local health clinic to get the chickenpox shot, then take their immunization record to the school nurse so the date can be recorded in your child's health record.

Parent/Guardian Signature: _____

Phone #: _____ Date: _____

Address: _____