



## VARICELLA VACCINATION FORM

### Varicella (Chicken Pox)

- One Varicella vaccination if received at the age of 12 or younger or
- Two Varicella vaccinations if received at the age of 13 or older
- A positive Varicella titer or
- A declination due to your history of having had the virus

### Certification of Varicella Vaccination

I certify that I, \_\_\_\_\_ was inoculated against Varicella on the following dates:

First:            Date \_\_\_\_\_ Lot No. \_\_\_\_\_  
Administered by \_\_\_\_\_

Second:        Date \_\_\_\_\_ Lot No. \_\_\_\_\_  
Administered by \_\_\_\_\_

### Positive Titer

Completed:    Date \_\_\_\_\_ Lot No. \_\_\_\_\_  
Administered by \_\_\_\_\_

### Declination of Varicella Vaccinations

I, \_\_\_\_\_, understand that due to my occupational exposure I may be at risk of acquiring the varicella virus. I have been given the information by Dependable Staffing regarding these risks. However, I decline the varicella vaccinations due to my history of having the varicella virus.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dependable Staffing Signature

\_\_\_\_\_  
Date