

Varicella Requirement Expected in 2021-2022 School Year

The Arizona Department of Health Services (ADHS) has begun the process to implement a varicella immunization requirement. Although not finalized, implementation began at the onset of the 2005-2006 school year. <https://www.azdhs.gov/documents/preparedness/.../chickenpox.pdf> At that time children attending child care, Head Start, K, 1st. and 7th Grades would be required to show proof of immunization or history of varicella (Chicken Pox) infection. Two grades would be added each year thereafter until 2010 when all grades K-12 would be included.

To prepare for the requirement, 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.

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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 et 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: _____