Records of the E.M.A.A. Head Start program indicates your child has not been immunized against varicella as required by the Missouri State Day Care licensing.

1. This is to verify that my child __________________ had varicella (chickenpox) disease on or about (date) ___________________ and does not need varicella vaccine.

2. My child __________________ has not had varicella disease and will receive the vaccine and the record will be given to the Head Start program.

Parent signature ___________________________ Date ____________

Parent signature ___________________________ Date ____________