

Parent/Guardian Information:

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone number: _____

CHILD #1

First name: _____ MI: _____ Last name: _____

Date of birth: ____ / ____ / ____ | Sex: Male Female | Ethnicity: Hispanic Not Hispanic

Race: White Black Asian American Indian Other Hawaiian/pacific | Grade: _____

Has this child ever had Chickenpox Disease? Yes No If yes, date of disease: ____ / ____ / ____

Was this child born outside of the U.S. or are you relocating from outside of the U.S.? Yes No

CHILD #2

First name: _____ MI: _____ Last name: _____

Date of birth: ____ / ____ / ____ | Sex: Male Female | Ethnicity: Hispanic Not Hispanic

Race: White Black Asian American Indian Other Hawaiian/pacific | Grade: _____

Has this child ever had Chickenpox Disease? Yes No If yes, date of disease: ____ / ____ / ____

Was this child born outside of the U.S. or are you relocating from outside of the U.S.? Yes No

CHILD #3

First name: _____ MI: _____ Last name: _____

Date of birth: ____ / ____ / ____ | Sex: Male Female | Ethnicity: Hispanic Not Hispanic

Race: White Black Asian American Indian Other Hawaiian/pacific | Grade: _____

Has this child ever had Chickenpox Disease? Yes No If yes, date of disease: ____ / ____ / ____

Was this child born outside of the U.S. or are you relocating from outside of the U.S.? Yes No

Country of origin (if relocating from outside the U.S.): _____

HOW WOULD YOU LIKE TO RECEIVE YOUR CERTIFICATE? (Please check one)

- I will wait for the *Certificate of Immunization* form(s) to be completed
- Call when the certificate is ready to be picked up. I can be reached at: _____
- Email my completed certificate to: _____
- Mail my certificate to the address listed above.

Signature: _____ Date: ____ / ____ / ____

How did you hear about us? Newspaper Website Friend/Family School Other

OFFICE USE ONLY

Transcribed by: _____

Date: ____ / ____ / ____

Pass

FAIL

Referred to RN/LPN

Notified via _____

Communication notes: