

**CLARK STATE COMMUNITY COLLEGE**  
**VARICELLA (CHICKEN POX) DECLARATION FORM**

Check one-

I have had the chicken pox.

I have not had or I am not sure if I have had chicken pox, so I plan to receive or have already received the Varicella vaccine (must submit proof of having received vaccine).

I have not had or I am not sure if I have had the chicken pox, so I plan to have or have already had a blood titer drawn to determine my immunity to the disease (must submit proof of a positive titer; if titer is negative, must submit proof of having received vaccine).

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Student's Name (printed)

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Student's Signature

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Date

Program (check all that apply)-

RN First Year     Day     Evening

RN Second Year     Day     Evening

PN     Leffel Lane Campus     Greene County Campus

MLT