

VARICELLA SELF DECLARATION

Declaration

I, _____ hereby declare that I have had Chickenpox/Shingles in the past.

To the best of my knowledge, I had Chickenpox / Shingles: *(Please tick the relevant box below)*

As a child.

As an adult.

Please specify the year. _____

Full Name: _____

Signature: _____

Date: _____