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CHICKENPOX EXPOSURE FORM

This form is intended to be used for employees or independent contractors regarding exposure to ChickenPox.

During your lifetime, have you:	YES	NO
✓ Ever had Chickenpox as a child?	<input type="checkbox"/>	<input type="checkbox"/>
✓ Ever been exposed to Chickenpox?	<input type="checkbox"/>	<input type="checkbox"/>
✓ Had a Varicella Titer Done? If so, what were the results? <u>Immune</u> or <u>Not Immune</u> (please submit copy of titers)	<input type="checkbox"/>	<input type="checkbox"/>
✓ Ever had a Varicella Vaccination? If so, when _____? (please submit copy of immunization records)	<input type="checkbox"/>	<input type="checkbox"/>

If you have never had Chickenpox, please do not care for a patient with shingles.

Name _____
 (Please Print)

Signed _____ Date _____
 (Employee or Independent Contractor)