



PO Box 491615  
 Redding, CA 96049-1615  
**SUPPLEMENTAL STAFFING RESOURCE**  
 Federal Tax ID #: **68-0566960**

**1-866-CRITOPS**  
 Toll Free: 1-866-274-8677  
 FAX: 530-221-3911  
 Email: [staffing@criticaloptions.com](mailto:staffing@criticaloptions.com)  
[www.criticaloptions.com](http://www.criticaloptions.com)



Health Care Staffing  
 Services Certification by  
 The Joint Commission

## 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?<br>If so, what were the results? <u>Immune</u> or <u>Not Immune</u><br>(please submit copy of titers) | <input type="checkbox"/> | <input type="checkbox"/> |
| ✓ Ever had a Varicella Vaccination?<br>If so, when _____?<br>(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)