

To: All Lynnfield Public School Employees  
From: Mary Homan RN  
Lynnfield Public School Nurse Coordinator  
Subject: Varicella/Chicken Pox

As the school nurse coordinator, I am required to maintain a list of the immunity status of all school faculty and staff regarding Varicella/Chicken Pox. Please complete the questionnaire below.

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Please check only one:

I have had Varicella/Chicken Pox.

I have had the Varicella/Chicken Pox immunization or a blood titer showing immunity.

If a case of Varicella/Chicken Pox occurs in a school and I have **not** had the disease, vaccination or a blood titer drawn, I understand I will need to be immunized or I will be excluded from school for the period of susceptibility.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
School / Department

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date