

Tahoma School District No. 409

New Immunization Requirement  
Varicella (Chickenpox)

Dear Parent/Guardian:

Chickenpox (varicella) is more than just an itchy rash. It is one of the most common childhood illnesses. It spreads easily and can have serious complications especially for infants, adolescents and adults.

Chickenpox can lead to serious skin infections, pneumonia, meningitis, and even death. Even in milder cases of chickenpox, it is uncomfortable and difficult to treat itchiness and there is a potential for scarring.

The Washington State Board of Health has adopted a change to add immunity to varicella as a requirement for students who attend school and licensed child care that began 7/1/06.

Children affected by this requirement are:

1. Children 19 months of age up to Kindergarten entry attending **licensed child care or preschools** beginning July 1, 2006 are required to have **1 dose of Varicella.**
2. Children attending **Kindergarten, First & Second grade** in school year 2009/2010 are required to have **2 doses Varicella.**
3. Children attending **6<sup>th</sup> grade** in school year 2009/2010 are required to have **1 dose of Varicella.**

You child can meet this requirement by documenting one of the following on the Certificate of Immunization Status Form (CIS):

1. The date (month, day, and year) your child received one dose of varicella vaccine. **The vaccine needs to have been given on or after the child's first birthday.**
2. History of chickenpox disease and approximate date or age at the time of disease.
3. Report of a blood test indicating that the child is immune.
4. Philosophical, religious or medical exemption.

**Please make sure you update your child's CIS form BEFORE the first day of school in Fall 2009. Your child may not begin school without this necessary information.**

Please contact you health care provider or local health department to make an appointment for your child to receive the varicella vaccine or contact your child's school nurse if you have questions or would like further information.

Sincerely,  
Michelle Zaleski, RN, Health Coordinator

Please indicate below and return this notice

Student Name: \_\_\_\_\_ Varicella vaccine date \_\_\_\_\_

Chickenpox disease date or positive titer from doctor \_\_\_\_\_

Varicella vaccine date: \_\_\_\_\_ Chickenpox disease date: \_\_\_\_\_