

**Western Carolina University
Athletic Training Education Program
Varicella Verification Form**

Prior to beginning clinical education experiences and clinical hours with emergency medicine, all students must have exposure to varicella either through the vaccination, antibody test, or through the disease: chickenpox. Students who have had chicken pox previously must have signed physician verification of such.

I understand that if a varicella vaccination or antibody screening is required, it is at the expense of the Athletic Training Student.

Signed	Date
Printed Name	Student ID Number

Verification:

The student named above has immunity to varicella through the following:

_____ Vaccination
Date: _____

_____ Antibody Screening
Date: _____

_____ Chickenpox
Date: _____

Physician or practitioner signature: _____

Physician or practitioner: (Please PRINT name): _____

Address: _____

Phone: _____