



Varicella (Chickenpox)

Verification of Immunization

I was born after 1979 and verify I have had the chickenpox disease.

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Date of Birth

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Signature of student or parent/guardian (if student is under age 18)

Date

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Print full name of student

Fax signed verification to the University Clinic at 615-248-7797

University Clinic

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333 Murfreesboro Road • Nashville, TN 37210-2877 • 615-248-1261 • FAX 615-248-7797