



Varicella Questionnaire

I, _____, hereby attest to the following:
(Name)

Check All That Apply

- I have previously had the chicken pox disease
Please provide year or age: _____
- I have received the varicella vaccine
Please provide date: _____
- I have had a positive varicella titer
Please provide date: _____
- I have had subsequent exposure to chicken pox/varicella without symptoms
- I have chosen to decline the varicella vaccine. Further, I understand that my refusal may limit my placement options in that I understand I cannot be placed at a facility that requires the varicella vaccination or a positive titer. Therefore, in consideration of my employment with Onward Healthcare, I agree to hold harmless both "Facility" and Onward, their owners, directors, employees, staff and agents, from any and all liability arising out of my refusal of the varicella vaccination.

By signing this form, I understand that I may be exposed to varicella during the course of my employment with Onward Healthcare. If I have not previously been exposed to chicken pox/varicella, I understand that I may not be immune and agree to take every necessary precaution to protect myself and others from exposure.

Employee Signature: _____

Name Printed: _____

Date: _____