



Chicken Pox Questionnaire

- I have had *Chicken Pox*.
- I have received the *Varicella (Chicken Pox) Vaccine*.
- I have had my blood tested for antibodies to *Varicella Zoster*.
- To the best of my knowledge, I have not been exposed to *Varicella (Chicken Pox)* nor had the vaccine.

Volunteer's Signature _____ Date _____