



**Varicella Vaccination**  
**Declination**

I, \_\_\_\_\_, have already had the Chicken Pox, so therefore am immune. I decline to have the Varicella vaccination.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agency Representative**

\_\_\_\_\_  
**Date**