

VARICELLA EXEMPTION FORM

Student Information

Last Name/Surname

First Name

Middle Initial

Date of Birth (mm/dd/yyyy)

HPU Student ID Number

The State of Hawaii requires that all post-secondary students have two doses of the varicella vaccine. An exemption is a practitioner signed, documented diagnosis or verification of a history of varicella disease or herpes zoster. Titers alone are not accepted by the State of Hawaii, but may be used by the practitioner as part of the diagnosis and verification of varicella history.

Practitioners may attest to the history of varicella disease using this form.

Practitioner: Please complete the following, including initials, printed name, signature, and date.

<hr/>	This letter confirms that the student listed above has a documented history of varicella (chicken pox) infection.
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Physician Printed Name

Physician Signature**Date (MM/DD/YYYY)**