



UNIVERSITY
PREPARATORY
ACADEMY

CHICKEN POX VERIFICATION FORM

This form is a statement that the child named below has had the Chicken pox disease; therefore they do not need the Chicken pox (varivax) shot.

Student's Name: _____ DOB: _____

Parent's Signature: _____ Date : _____

Please return form to: Ms. Neal, Student Compliance Officer
University Preparatory Academy: 5950 Third Ave, Detroit, MI 48202

OFFICE OF COMPLIANCE

Information below is for office use only

Student no. _____ Input date: _____