

Washington State's New Chickenpox Vaccine Requirement for Grades 7 - 12

Protecting teens against chickenpox is important.

The new vaccine requirement will start in fall 2015 for students in 7th and 8th grades. They will need two doses of the vaccine.

In fall 2016 all students in 9th through 12th grade will also be required to have two doses of the vaccine.

Students who already had two doses of the vaccine do not need to repeat it.

The vaccine prevents chickenpox and its serious complications.

Teens are at higher risk of severe complications if they get chickenpox. The new requirement helps protect these young people.

Washington State has required only students in kindergarten through 6th grade to have two doses of chickenpox vaccine, until now. The new requirement is based on national recommendations from the Advisory Committee on Immunization Practices.

Where Can I Learn More?

Talk to your school nurse, healthcare provider, or visit the Department of Health at: www.doh.wa.gov/VaccineRequirements



If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-468 January 2015

Sedro-Woolley School District

New Chickenpox Vaccine Requirement for 9th-12th grade

Dear Parent or Guardian,

Starting in school year 2016-2017, all students in 9th through 12th grade are required by law to have **two doses** of the chickenpox (varicella) vaccine. If your student has already received two varicella vaccines or had chickenpox, then he or she will not need to get the vaccine again.

Our records show:

- Student has only one dose of the vaccine
- No record of immunization or disease

Please do one of the following:

- Get one or two doses of the chickenpox vaccine before the start of school, **OR**
- Get a blood test to check for immunity to the disease, **OR**
- Get a letter or signature on the Certificate of Immunization Status from a licensed healthcare provider to verify that your student had chickenpox disease in the past, **OR**
- Get a Certificate of Exemption signed by your licensed healthcare provider.

Please fill in the dates below that your student received the vaccination(s) or attach alternate verification and return this form to the school nurse by September 29th, 2016.

Student Name: _____ **Grade:** _____

IMMUNIZATION	Date Given		
	MONTH	DAY	YEAR
Varicella #1			
Varicella #2			

I certify that the above information is correct and certifiable.

Signature of Parent/Guardian

Date

Thank you,

Shannon Moore, School Nurse

Phone: 855-3910

Fax: 855-3591