

Virginia Appalachian TriCollege Nursing Program

Varicella Immunization Form For Contract/Student Personnel

_____ I have had Chicken Pox

_____ To my knowledge, I have not had Chicken Pox. I have been informed that a Titer can be done to determine my immunity. I understand that I can have this Titer at my expense. I also understand that should the Titer indicate that I am non-immune to varicella (the virus that causes Chicken Pox); it is recommended that I obtain varicella immunization, also at my expense. I wish to obtain the Titer and if necessary, the vaccine and will provide proof of these prior to work.

_____ To my knowledge, I have not had Chicken Pox. I have been informed that a Titer can be done to determine my immunity. I understand that I can have this Titer at my expense. I also understand that should the Titer indicate that I am non-immune to varicella (the virus that causes Chicken Pox); it is recommended that I obtain the varicella immunization, also at my expense. At this time, I choose not to receive the Titer to determine my immunity, and I should be aware that I may not be immune to that:

1. I may contract varicella as a result of this assignment, (by exposure to Chicken Pox or shingles).
2. If I am pregnant and contract varicella, this may result in serious consequences for both the fetus and myself.
3. Should I contract varicella, I may carry the illness to patients, employees, or persons in the community including my family and friends.
4. If I am exposed to varicella virus (Chicken Pox or Shingles), I am to notify Employee Health and my employer/school immediately. I will be relieved from duty from day 10-21 post exposure.

However, I also understand that by signing this form, I am not prohibited from obtaining the Titer and vaccination and at a later date.

By signing this form, I am acknowledging that I have read the information on this form and if I have indicated that I have not had Chicken Pox, I understand the risks associated with not having the Titer and if necessary, the varicella vaccination.

Print Name

Signature of Contractor or Student

Name of Contracting Agency or School

Witness

Date

