

FORM V-1

VZV VACCINATION SERIES FORM

Requirement:

You **MUST** submit documentation for **1** and **ONLY 1** of the following 3 options:

- 1. 2 valid VZVs**
- 2. History of varicella disease or herpes zoster verified by your healthcare provider**
- 3. Born in the USA BEFORE 1980**

You **MUST** also get Varicella IgG titer (read ***The 5 Required Titers flyer*** for details).
The VZV is a "live" vaccine, so complete your TB clearance before getting a VZV.

Student's Name: _____

For your Healthcare Provider to fill out:

VZV VACCINATION RECORD (2 DOSES) or HISTORY or US BORN <1980			
DOSE	Date Given	Comment	Rule
1st			1st dose must be given <u>AFTER</u> 1st birthday
2nd			Received <i>at least 28 days</i> after 1st VZV
Check box if student has a history of Varicella disease OR herpes zoster and provide Month/Year of diagnosis		<input type="checkbox"/>	When (Month/Year)
Check box if student was born in the United States of America <u>PRIOR</u> to 1980		<input type="checkbox"/>	Student's Birthdate

Clinic or Provider Name

Healthcare Provider's Signature

VZV RE-VACCINATION RECORD (2 FOLLOW-UP DOSES)			
ONLY IF your Varicella IgG titers returns non-positive; re-titer 1 month after 2nd			
DOSE	Date Given	Clinic / Provider	Provider Signature
1st			
2nd 1 month after 1st			