

**SPOKANE COMMUNITY COLLEGE
HEALTH SCIENCE DEPARTMENT**

HISTORY OF CHICKEN POX

STUDENT INFORMATION SHEET

Student name _____ Program _____

Check one of the following:

- Yes, I have had chicken pox in the past
- No, I have not had chicken pox in the past
- I do not know if I have had chicken pox in the past

STUDENT SIGNATURE _____

Address _____

Phone No. _____

Date _____