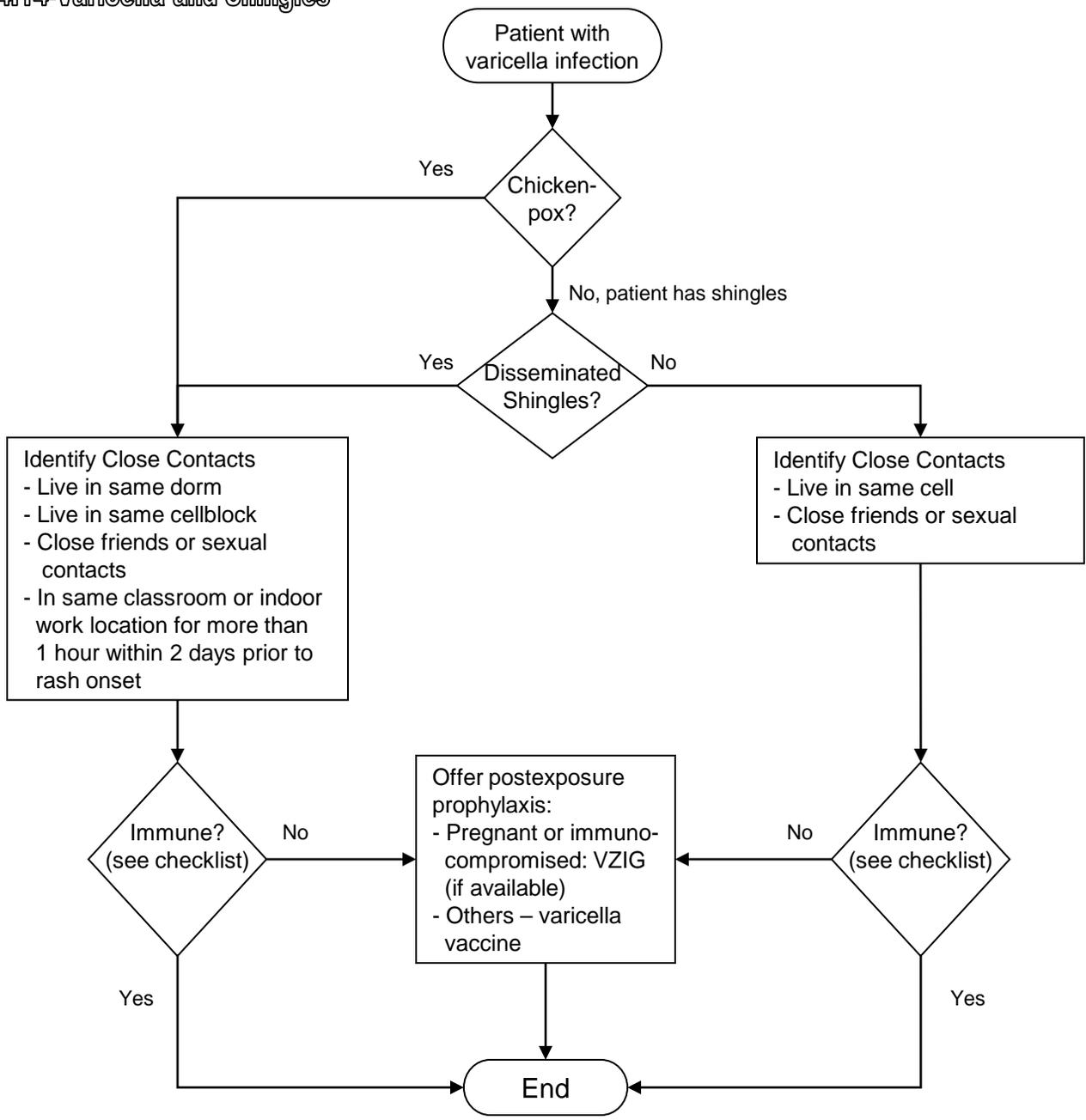


B-14.14-Varicella and Shingles



A "yes" on any question indicates offender is immune to varicella.

Yes	No	Immunity Checklist
<input type="checkbox"/>	<input type="checkbox"/>	Born before 1980? Review Medical Profile Screen and SSNO screen on Mainframe Forvus for DOB and Birth location
<input type="checkbox"/>	<input type="checkbox"/>	Offender gives history of physician diagnosed chicken pox?
<input type="checkbox"/>	<input type="checkbox"/>	Offender gives history of physician diagnosed shingles?
<input type="checkbox"/>	<input type="checkbox"/>	Documented history of full series of varicella vaccine?
<input type="checkbox"/>	<input type="checkbox"/>	Serologic proof of immunity?