

<<Miscellaneous:Practice Letterhead>>

**Varicella (Chickenpox)**  
**- Reporting Natural Immunity -**  
This notification can only be made by a medical practitioner

<<Miscellaneous:Date>>

**Australian Childhood Immunisation Register**

Dear Sir/Madam

Child Name: <<Patient Demographics:Full Name>>  
Date of birth: <<Patient Demographics:DOB (long)>>  
Medicare Number: <<Patient Demographics:Medicare Number>>

I have determined that the above named child has a natural immunity to varicella and does not require vaccination against this disease.

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(signature)  
<<Doctor:Name>> <<Doctor:Qualifications>>  
Provider Number: <<Doctor:Provider Number>>