



HUMAN RESOURCES

Phone: 866-551-6943 Toll free

Fax: 866-503-4090 Toll free

Web site: www.annexaprofessionalstaffing.com

E-mail: info@annexps.com

VARICELLA STATEMENT

Complete all portions of this form and return to us by mail or fax.

| | | | |
|-----------|-------|-------------|------|
| Last Name | First | Employee ID | Date |
|-----------|-------|-------------|------|

I _____ had the chicken pox when I was ____ old.

I certify that the information set forth in this document is true and complete to the best of my knowledge and that I am the individual completing this form.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|