# Asthma Reporting to the DPH

- New format for the Asthma Reporting Form for the 2012-2013 school year (see sample on back of page)
- Forms can be completed electronically or printed and filled in by hand.
- Submit forms completed by hand or printed versions of electronically-completed forms to DPH by mail.

*Asthma Reporting Dos and Do Nots*

- DO
  - Download blank forms from the DPH website.
  - Complete forms electronically when possible.
  - When electronic completion is not possible, print the form and fill in the boxes with blue or black ink.
  - If multiple forms are needed, print one out on white paper and make photocopies onto white paper at 100% reproduction size.
  - Fill boxes with X or completely shade in the box.
  - Provide the information requested for students in grades PK or K, 6 or 7, or grades 9 or 10 per the requirements of the school district.
  - The asthma information should be about students who are or were in the specific grade during the school year listed on the Asthma Reporting Form.
  - Be aware that more than one box can be filled in for race.
  - Be aware that ethnicity is independent of the racial categories.
  - Mark *Unknown* if the requested information is not available.
  - Keep things manageable by filling in Asthma Reporting Forms throughout the school year.

- DO NOT
  - Use a form that was for another school year.
  - Make photocopies of the form onto colored paper.
  - Make photocopies that are not 100% reproductions.
  - Use pencil or colored ink to complete forms.
  - Use checkmarks or strikethroughs to fill in boxes.
  - Put any additional information about students (e.g., initials, date of birth) on forms.
  - Fax forms to DPH.
  - Submit scanned images of forms to DPH.



*DPH is an equal opportunity provider and employer.*

# DPH Asthma Reporting Form 2012 - 2013

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(For DPH staff use only) ☐☐ - ☐☐☐☐☐ - ☐☐☐

**School name:** School

Instructions: For children in grades that required a HAR for the school year of this report, complete one line for each child with asthma who has at least one source of Asthma documentation from the list below, even if asthma was not identified on that child's HAR. Do not include students who are using the HAR only as a "mandated" sports physical for that school year. **NOTES:** Use BLUE or BLACK ink. Write in Grade only -- not age or DOB. Fill in boxes with "X" or shade completely. ☒ or ■

| Grade (write in) | Gender | Race (check all that apply) | Ethnicity | Asthma Documentation (check all that apply) | Severity (check all that apply) | HAR Part 1 (Health History) |
|---|---|---|---|---|---|---|
| PK | ■ Male<br>☐ Female | ☐ White<br>☐ Black or African Am<br>☐ Asian<br>☐ Am Ind or Alaska Native<br>☐ Hawaiian/Pac. Islander<br>☐ Other<br>■ Unknown | ■ Hispanic<br>☐ Non-Hispanic<br>☐ Unknown | ■ Provider Diagnosis on HAR<br>☐ Provider Asthma Action Plan<br>☐ Provider Medication Order<br>☐ Self-Carry Medication Approval<br>■ Asthma Medication in School<br>■ Parental Note<br>■ Asthma Symptoms Observed<br>☐ Other | ■ Intermittent<br>☐ Mild Persistent<br>☐ Moderate Persistent<br>☐ Severe Persistent<br>☐ Unclassified<br>☐ Exercise Induced | Problem breathing or coughing? ■ Yes ☐ No<br>Asthma treatment (past 3 yrs)? ■ Yes ☐ No |
| PK | ■ Male<br>☐ Female | ■ White<br>☐ Black or African Am<br>☐ Asian<br>☐ Am Ind or Alaska Native<br>☐ Hawaiian/Pac. Islander<br>☐ Other<br>☐ Unknown | ■ Hispanic<br>☐ Non-Hispanic<br>☐ Unknown | ■ Provider Diagnosis on HAR<br>■ Provider Asthma Action Plan<br>■ Provider Medication Order<br>☐ Self-Carry Medication Approval<br>■ Asthma Medication in School<br>■ Parental Note<br>■ Asthma Symptoms Observed<br>☐ Other | ☐ Intermittent<br>☐ Mild Persistent<br>☐ Moderate Persistent<br>■ Severe Persistent<br>☐ Unclassified<br>☐ Exercise Induced | Problem breathing or coughing? ☐ Yes ■ No<br>Asthma treatment (past 3 yrs)? ■ Yes ☐ No |
| K | ☐ Male<br>■ Female | ☐ White<br>■ Black or African Am<br>☐ Asian<br>☐ Am Ind or Alaska Native<br>☐ Hawaiian/Pac. Islander<br>☐ Other<br>☐ Unknown | ☐ Hispanic<br>■ Non-Hispanic<br>☐ Unknown | ☐ Provider Diagnosis on HAR<br>■ Provider Asthma Action Plan<br>■ Provider Medication Order<br>☐ Self-Carry Medication Approval<br>■ Asthma Medication in School<br>■ Parental Note<br>☐ Asthma Symptoms Observed<br>☐ Other | ☐ Intermittent<br>■ Mild Persistent<br>☐ Moderate Persistent<br>☐ Severe Persistent<br>☐ Unclassified<br>☐ Exercise Induced | Problem breathing or coughing? ☐ Yes ■ No<br>Asthma treatment (past 3 yrs)? ■ Yes ☐ No |
| K | ☐ Male<br>■ Female | ☐ White<br>☐ Black or African Am<br>■ Asian<br>☐ Am Ind or Alaska Native<br>☐ Hawaiian/Pac. Islander<br>☐ Other<br>☐ Unknown | ☐ Hispanic<br>■ Non-Hispanic<br>☐ Unknown | ■ Provider Diagnosis on HAR<br>■ Provider Asthma Action Plan<br>■ Provider Medication Order<br>☐ Self-Carry Medication Approval<br>☐ Asthma Medication in School<br>☐ Parental Note<br>☐ Asthma Symptoms Observed<br>☐ Other | ☐ Intermittent<br>☐ Mild Persistent<br>☐ Moderate Persistent<br>☐ Severe Persistent<br>■ Unclassified<br>☐ Exercise Induced | Problem breathing or coughing? ☐ Yes ■ No<br>Asthma treatment (past 3 yrs)? ■ Yes ☐ No |
| 6 | ■ Male<br>☐ Female | ☐ White<br>■ Black or African Am<br>☐ Asian<br>☐ Am Ind or Alaska Native<br>☐ Hawaiian/Pac. Islander<br>☐ Other<br>☐ Unknown | ■ Hispanic<br>☐ Non-Hispanic<br>☐ Unknown | ■ Provider Diagnosis on HAR<br>☐ Provider Asthma Action Plan<br>☐ Provider Medication Order<br>☐ Self-Carry Medication Approval<br>☐ Asthma Medication in School<br>☐ Parental Note<br>☐ Asthma Symptoms Observed<br>☐ Other | ☐ Intermittent<br>☐ Mild Persistent<br>☐ Moderate Persistent<br>☐ Severe Persistent<br>■ Unclassified<br>☐ Exercise Induced | Problem breathing or coughing? ☐ Yes ■ No<br>Asthma treatment (past 3 yrs)? ☐ Yes ■ No |

EXAMPLE

Print | Reset Form | Save Completed Form