DPH Asthma Reporting Form 2014 - 2015

School name:

(For DPH Staff Use Only)
Y Y — S S S S S —

NURSES: Enter Page Number

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)	
1		☐ Male ☐ Female	☐ White ☐ Black or African Am ☐ Asian ☐ Am Ind or Alaska Native	☐ Nat. Hawaiian/ Pac. Islander ☐ Other ☐ Unknown	☐ Hispanic ☐ Non-Hispanic ☐ Unknown	☐ Provider Diagnosis on HAR ☐ Provider Asthma Action Plan ☐ Provider Medication Order ☐ Self-Carry Medication Approval	☐ Asthma Medication in School ☐ Parental Note ☐ Asthma Symptoms Observed ☐ Other	☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent ☐ Unclassified ☐ Exercise Induced	Problem breathing or coughing? ☐ Yes ☐ No	Asthma treatment (past 3 yrs)? ☐ Yes ☐ No
2		☐ Male ☐ Female	☐ White ☐ Black or African Am ☐ Asian ☐ Am Ind or Alaska Native	☐ Nat.Hawaiian/ Pac. Islander ☐ Other ☐ Unknown	☐ Hispanic ☐ Non-Hispanic ☐ Unknown	☐ Provider Diagnosis on HAR ☐ Provider Asthma Action Plan ☐ Provider Medication Order ☐ Self-Carry Medication Approval	☐ Asthma Medication in School ☐ Parental Note ☐ Asthma Symptoms Observed ☐ Other	☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent ☐ Unclassified ☐ Exercise Induced	Problem breathing or coughing? ☐ Yes ☐ No	Asthma treatment (past 3 yrs)? ☐ Yes ☐ No
3		☐ Male ☐ Female	☐ White ☐ Black or African Am ☐ Asian ☐ Am Ind or Alaska Native	☐ Nat. Hawaiian/ Pac. Islander ☐ Other ☐ Unknown	☐ Hispanic ☐ Non-Hispanic ☐ Unknown	☐ Provider Diagnosis on HAR ☐ Provider Asthma Action Plan ☐ Provider Medication Order ☐ Self-Carry Medication Approval	☐ Asthma Medication in School ☐ Parental Note ☐ Asthma Symptoms Observed ☐ Other	☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent ☐ Unclassified ☐ Exercise Induced	Problem breathing or coughing? ☐ Yes ☐ No	Asthma treatment (past 3 yrs)? ☐ Yes ☐ No
4		☐ Male ☐ Female	☐ White ☐ Black or African Am ☐ Asian ☐ Am Ind or Alaska Native	☐ Nat. Hawaiian/ Pac. Islander ☐ Other ☐ Unknown	☐ Hispanic ☐ Non-Hispanic ☐ Unknown	☐ Provider Diagnosis on HAR ☐ Provider Asthma Action Plan ☐ Provider Medication Order ☐ Self-Carry Medication Approval	☐ Asthma Medication in School ☐ Parental Note ☐ Asthma Symptoms Observed ☐ Other	☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent ☐ Unclassified ☐ Exercise Induced	Problem breathing or coughing? ☐ Yes ☐ No	Asthma treatment (past 3 yrs)? ☐ Yes ☐ No
5		☐ Male ☐ Female	☐ White ☐ Black or African Am ☐ Asian ☐ Am Ind or Alaska Native	☐ Nat. Hawaiian/ Pac. Islander ☐ Other ☐ Unknown	☐ Hispanic ☐ Non-Hispanic ☐ Unknown	☐ Provider Diagnosis on HAR ☐ Provider Asthma Action Plan ☐ Provider Medication Order ☐ Self-Carry Medication Approval	☐ Asthma Medication in School ☐ Parental Note ☐ Asthma Symptoms Observed ☐ Other	☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent ☐ Unclassified ☐ Exercise Induced	Problem breathing or coughing? ☐ Yes ☐ No	Asthma treatment (past 3 yrs)? ☐ Yes ☐ No

7718295672

Print | Save | E-mail | Reset