Asthma Reporting Form 2011-2012

Department of Public Health - Asthma Program
410 Capitol Avenue MS #11HLS, P.O. Box 340308
Hartford, CT 06134
Phone: (860) 509-8251; Fax: (860) 509-7854
Download Forms at http://www.ct.gov/dph/asthma. Click on "Schools" then "Asthma Reporting Forms".

Return this form to your School District Nurse Supervisor / Health Service Director by 9/15/2012.

School Name:								**Phone number:**
School Address:								
Enrollment:	**Pre-K:**	**K:**		**6th:**	**7th:**		**9th:**	**10th:**	**11th:**
Public / Non-public (Circle one)								

☐ Check here if reporting 0 (zero) student with asthma

*Complete one line for each child with asthma for whom a HAR was required for one of these grades during 2011-2012 school year AND has at least one source of Asthma Documentation from the list below, even if asthma was not identified on that HAR (don't include students who are using HAR as a "mandated" sports physical for that year).

			Race (Check all that apply)							**Ethnicity**			**Asthma Documentation** (Check all that apply)								**Severity** (Check all that apply)						**HAR Part I** (Health History)	
Grade (2011-2012 School Year)	**Age**	**Gender** (M/F)	African American	American Indian or Alaska native	Asian	White	Hawaiian or Pacific Islander	Other	Unknown	Hispanic or Latino	Non-Hispanic or Latino	Unknown	Has Provider Diagnosis on HAR	Has Provider Asthma Action Plan	Has Provider Medication Order	Has Self-Carry Medication Approval	Has Asthma Medication in School	Has Parental Note	Asthma Symptoms Observed	Other	Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent	Exercise Induced	Unclassified	Problem breathing or coughing?	Asthma treatment (past 3 years)?
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USE OTHER SIDE IF NECESSARY

SIGN REVERSE SIDE

School Name:_____

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USE ADDITIONAL SHEETS IF NECESSARY

I certify that this information is complete and accurate to the best of my knowledge.

_____ Date

_____ Signature

_____ Print Name