

DPH Asthma Reporting Form 2016 - 2017

(For DPH Staff
Use Only)

| | |
|------------------------------|-------------------------------|
| School Year Last 2 Digits | School ID 5 Characters Max |
| 16 | — |

Print & Complete by Hand

School Name:
*(Completed
by School)*

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.
Write in Grade number only, **OR**, select the "K", or "PK" box (NOT both Grade and "K", or "PK" box), and do not enter age or DOB.

Completing Form by Hand: Print the form to your customary printer. Use BLUE or Black ink only. Please write neatly, this form is read by software. Mark checkboxes with an only. If you select a checkbox in error, completely darken the incorrect checkbox and select the correct one(s).

24240



| Grade (write in) | Gender | Race (mark all that apply) | Ethnicity | Asthma Documentation (mark all that apply) | Severity (mark all that apply) | HAR Part 1 (Health History) |
|---------------------|--------|-------------------------------|-----------|---|-----------------------------------|--------------------------------|
|---------------------|--------|-------------------------------|-----------|---|-----------------------------------|--------------------------------|

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|---|--|---|--|--|---|--|
| <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="text"/> <small>Numeric Grade</small> OR <input type="checkbox"/> PK <input type="checkbox"/> K </div> | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> White <input type="checkbox"/> Black or African Am <input type="checkbox"/> Asian <input type="checkbox"/> Am Indian or Alaska Native <input type="checkbox"/> Nat. Hawaiian/Pac. Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown | <input type="checkbox"/> Provider Diagnosis on HAR <input type="checkbox"/> Provider Asthma Action Plan <input type="checkbox"/> Provider Medication Order <input type="checkbox"/> Self-Carry Medication Approval <input type="checkbox"/> Asthma Medication in School <input type="checkbox"/> Parental Note <input type="checkbox"/> Asthma Symptoms Observed <input type="checkbox"/> Other | <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Unclassified <input type="checkbox"/> Exercise Induced | Problem breathing or coughing? <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma treatment (past 3 yrs)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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