Adobe Acrobat Reader, a portable document file (pdf) reader software tool, must be installed on your computer in order to successfully download and electronically complete the Asthma Reporting Form. A free download of Adobe Acrobat Reader is available here: http://get.adobe.com/reader/. Please contact your Information Technology Department with questions about downloading software or accessing a pdf file.

Please read this guide before you begin completion of the new asthma reporting form.

The Asthma Reporting Form 2016-2017 is designed to record information about five students. If you are reporting information on more than five students, you will need to use more than one form. For example, if you are reporting 43 students with asthma, you will need to use 9 reporting forms.

The new reporting form can be completed either electronically or by hand. This guide provides instructions on how to download, print, save, mail, and e-mail reporting forms. Submission checklists are included on the last page to help you ensure that completed asthma reporting forms are correctly submitted to the School Nurse Supervisor/Health Services Director and the Connecticut Department of Public Health (DPH) Asthma Program.

Contents

How to download a reporting form	3
How to print blank reporting forms for completion by hand	
How to complete reporting forms by hand	
How to complete a reporting form electronically and then save it	
How to electronically complete reporting forms for more than five students	
Reporting zero students with asthma	
Submission of completed, hardcopy reporting forms to the DPH	
Submission of completed, electronic reporting forms to the DPH	8
Contact Information	8
Submission Checklists	g

										Do no	t complet	te these	
2016-201	L7 Asthr	ma Re _l	porti	ng Form	at a Gla	nce			Enter Page Nu		fields		
		Enter School							.g., 1, 2, 3 and	i so on)	- 1		
		Name									- 1		
		_			DPH Ast	hma Re	porting Fo	rm 2016 -	2017	(For DPH S Use Only	tafi v)	_	
		1 .	ete the f en and e	SCHOOL				NUR	RSES: Enter e Number:	School Year Year Year Year Year Year Year Year	ool IB wacters Ma	=	
Select optio	· ·	source of Ast as a "mandat Write in Grad	thma docun ted" sports de number	mentation from th physical for that s only, <u>OR</u> , select th	e list below, even i school year. ne "K", or "PK" box	f asthma was (NOT both Gr	ar of this report, comp not identified on that ade and "K", or "PK" b F and save. Attach the	child's HAR. Do not i	include students where age or DOB.	no are using the HA	R only	100	
	l				hout the quotes, a		, and saver medali ene	Torri to arr cinan aa	aressea to: apinas	annaprograme an			
		Grade (write in)	Gender		ace that apply)	Ethnicity		cumentation hat apply)	Seve (mark all t		HAR Part (Health Histor		 Select one
Enter grade			Male	White	Nat. Hawaiian/ Pac. Islander	Hispanit	Provider Diagnosis on HAR	Asthma Medication in School	Intermittent	Severe Persistent	Problem breathing] Yas	 option
number only		Numeric Grade	Female	Black or African A	m Other Unknown	Non-Hispani Unknown	Action Plan Provider Medication	Parental Note Asthma Symptoms Observed	Mild Persistent Moderate Persisten	Unclassified Exercise Induced	or coughing? Asthma	Nes -	
(e.g., 7, 10)		PK K		Am Indian or Alaska Native	Olikilowii		Order Self-Carry Medication Approval	Observed Other	Moderate Persisten	Lacresc mostes	(past 3 yrs)	<u> </u>	
OR			Male	White	Nat. Hawaiian/ Pac. Islander	Hispanic	Provider Diagnosis on HAR	Asthma Medication in School	Intermittent	Severe Persistent	Problem breathing	Yes	
Select PK or K		Numeric Grade	Female	Black or African A	m Other	Non-Hispani	Account to	Parental Note	Mild Persistent	Unclassified	or coughing?	No	
]	PK K		Am Indian or	Unknown	Unknown	Provider Medication Order Self-Carry Medication Approval	Asthma Symptoms Observed	Moderate Persisten	Exercise Induced	treatment (past 3 yrs)?	Yes No	
			Male	Alaska Native White	Nat. Hawaiian/ Pac. Islander	Hispanic	Provider Diagnosis on HAR	Asthma Medication in School	Intermittent	Severe Persistent	Problem	Yes	
		Numeric Grade	Female	Black or African A		Non-Hispani	c Provider Asthma Action Plan	Parental Note	Mild Persistent	Unclassified	. · · · =	No	
		PK K		Asian Am Indian or	Unknown	Unknown	Provider Medication Order Self-Carry Medication	Asthma Symptoms Observed	Moderate Persisten	t Exercise Induced	Asthma treatment (past 3 yrs)?	Yes No	
				Alaska Native	Nat. Hawaiian/		Self-Carry Medication Approval	Other					
			Male Female	White Black or African A	Pac. Islander	Hispanic Non-Hispani	Provider Diagnosis on HAR Provider Asthma	Asthma Medication in School Parental Note	Intermittent Mild Persistent	Severe Persistent Unclassified	Problem breathing or coughing?	Yes No	
		Numeric Grade		Asian	Unknown	Unknown	Action Plan Provider Medication Order	Asthma Symptoms Observed		t Exercise Induced	Asthma treatment	Yes	
	[[PK K		Am Indian or Alaska Native	_		Self-Carry Medication Approval	Other			(past 3 yrs)?	No	
			Male	White	Nat. Hawaiian/ Pac. Islander	Hispanic	Provider Diagnosis on HAR	Asthma Medication in School	Intermittent	Severe Persistent	Problem breathing	Yes	
		Numeric Grade	Female	Black or African A		Non-Hispani	Provider Asthma Action Plan Provider Medication Order	Parental Note Asthma Symptoms Observed	Mild Persistent Moderate Persisten	Unclassified	or coughing?	No Yes	
]	PK K		Asian Am Indian or Alaska Native	Unknown	Unknown	Order Self-Carry Medication Approval	Observed Other	Moderate Persisten	Exercise induced	(past 3 yrs)?	_	
		_		August Haufe					1				
					c	elect one							
					3	elect one							

ARF User Guide_01122017 Option Page 2 of 9

Please read and follow the instructions on the Asthma Reporting Form.

IMPORTANT – Reporting forms cannot be scanned if they have been resized. Make sure that you are using 100% print size if you are completing forms electronically. If you are completing forms by hand, set the copier to make a 100% reproduction size of a blank, printed form that is in landscape orientation.

IMPORTANT – Forms must be in landscape orientation (not the usual letter/portrait orientation) for you to easily fill them out and for them to be scanned.

Landscape orientation



Letter/portrait orientation



Correct

Incorrect

How to download a reporting form

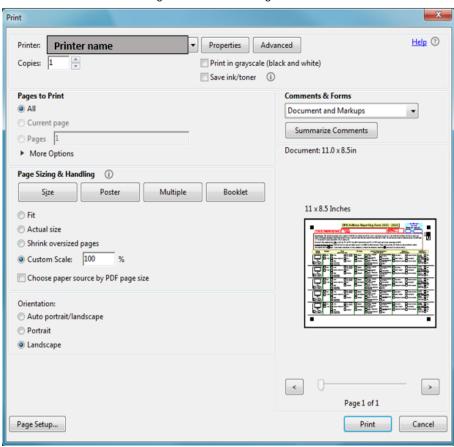
- 1) Create a folder on the computer Desktop named Asthma Reports 2016.
- 2) Using your Internet Browser, go to http://www.ct.gov/dph/asthma
 - a. If the link in this document does not work, simply cut it and paste it into your Internet browser.
- 3) Scroll down the page and click on the **Schools** link.
- 4) Click on **Asthma Reporting Forms**.
- 5) Scroll down to Asthma Reporting Forms, School Year 2016-2017 and click on **Asthma Reporting Form Selection: either Electronic Reporting Form or Paper Reporting Form**.
- 6) The asthma reporting form will appear on the screen. In the document window, click File and then Save As.
- 7) Save the file named **ARF_2016-2017_E.pdf** (for electronic filing) or **ARF_2016-2017_P.pdf** (for paper filing) in the Desktop folder you created, **Asthma Reports 2016**. ARF stands for AsthmaReportingForm.

ARF User Guide_01122017 Page 3 of 9

How to print blank reporting forms for completion by hand

- 1) Go the Desktop folder **Asthma Reports 2016** on your computer. Alternatively, you can print directly from the Internet (see <u>How</u> to download a reporting form).
- 2) Click Paper Reporting Form to open file: ARF 2016-2017 P.pdf
- 3) Click File then Print.
- 4) The printer dialog box will appear. Select *Printer Name* and check *landscape under orientation* (*Figure 1*). You may also make adjustments in *Properties* options. Consult your Information Technology Department if you need assistance with making changes to print settings.
- 5) Print the form in landscape view on 8.5 x 11 inch white paper. The default setting on your printer may be letter/portrait orientation, so make sure that the printed form is in landscape orientation.
- 6) Enter the number of printed copies that you wish to make and click OK.
- 7) If you intend to use a photocopier to make additional copies of the blank form, simply print one original form using steps 1-6 above; set your photocopies to make a 100% reproduction; and make copies on white paper.

Figure 1. Printer settings



ARF User Guide 01122017 Page 4 of 9

How to complete reporting forms by hand

- 1) Read and follow form instructions.
- 2) Use blue or black ink only. Make sure that the school's name is written on in the space provided at the top of each form. Use printed **BLOCK LETTERS in the** "School Name" field
- 3) Use UPPER and lower case Letters
- 4) Do not touch the sides, top or bottom with the printed character.
- 5) Enter the page number into the box on top of each page, next to the school name. Do not make any marks in the boxes labeled *For DPH Staff Use Only*.
- 6) IMPORTANT Do not write students' names, initials, age, or date of birth on the forms.
- 7) IMPORTANT Do not write any notes in any field or blank areas on the forms.
- 8) IMPORTANT If there are zero students with asthma to report, fill in the school name only (see Reporting zero students with asthma).

Note: Should you make a mistake writing a character, whether it is an alpha or numeric, cross out the incorrect character, and enter the correct one above or below.

Checkbox Fields

Checkbox fields are used to indicate a specific, fixed selection. To help the computer read these fields, please: mark an " χ " in the proper response; the larger and darker the " χ " mark, the more accurate the interpretation will be; do not use a dot; do not circle a box or the write an answer/statement in, or around a box; if you mark an incorrect response, **blacken** out the incorrect response and mark the correct one;

Mark like this: XI

If you make a mistake,
DARKEN the entire box
and "X" the correct one: XI

ARF User Guide 01122017 Page 5 of 9

How to complete a reporting form electronically and then save it

- 1) Go the Desktop folder Asthma Reports 2016 on your computer.
- 2) Click **Electronic Reporting Form** to open the file *ARF_2016-2017_E.pdf*
- 3) Click on the School name field and type in the school's name. (If there are zero students with asthma to report, fill in the school name only.)
- 4) Click on the grade field of the first row and type in numeric grades (e.g., 6, 7, 9, 10 etc.) or check box for grade PK or K.
- 5) Use the Tab button or mouse to move through the fields in the row.
- 6) Electronically fill in fields by clicking in them or using the space bar.
- 7) When you have completed the form, check to make sure that all of the information has been filled in correctly.
- 8) To save an electronic copy, click File and Save.
- 9) Set the Save in location at the top of the window to the Asthma Reports 2016 folder on your Desktop.
- 10) In the **File name** field, type in a new file name that identifies the information in the form. The file name should include the school name, reported grade, and form page number (e.g., AnnieFisher_K_page1.pdf).
- 11) Click **Save** in the window. You should now have a new pdf file in the **Asthma Reports 2016** folder on your computer Desktop. Check the top left corner of the form displayed on your screen to see that the form has been renamed.
- 12) Click **File** then **Exit** to close the form you have just saved.

ARF User Guide_01122017 Page 6 of 9

How to electronically complete reporting forms for more than five students

- 1) Go the Desktop folder **Asthma Reports 2016** on your computer.
- 2) Click **Electronic Reporting Form** to open the file ARF_2016-2017_E.pdf
- 3) Click on the School name field and type in the school's name.
- 4) Click on the grade field of the first row and type in numeric grade (e.g., 6, 7, 9, 10, etc.) or check box for grade PK or K.
- 5) Use the Tab button or mouse to move through the fields in the row.
- 6) Electronically fill in fields by clicking in them or using the space bar.
- 7) When you have completed the form, check to make sure that all of the information has been filled in correctly.
- 8) To save an electronic copy, click File and Save.
- 9) Set the Save in location at the top of the window to the Asthma Reports 2016 folder on your Desktop.
- 10) In the **File name** field, type in a new file name that identifies the information in the form. The file name should include the school name, reported grade, and form page number (e.g., AnnieFisher_K_page1.pdf).
- 11) Click **Save** in the window. You should now have a new pdf file in the **Asthma Reports 2016** folder on your computer Desktop. Check the top right corner of the form displayed on your screen to see that the form has been renamed.
- 12) Click File then Exit to close the form you have just saved.
- 13) To report more students on second page, repeat steps 1-12.
- 14) For step 10, in the File name field, type in a new file name (e.g., AnnieFisher_K_page2.pdf). You must assign a new file name to avoid replacing the previous form page that you just saved.
- 15) As needed, to report more students with asthma on additional pages, repeat all above steps.
- 16) When you have finished the last form and saved it, click **File** then **Exit**.

Reporting zero students with asthma

If there are no students with asthma to report from a specific school, please submit a reporting form with the school name filled in and leave the rest of the reporting form blank.

ARF User Guide_01122017 Page 7 of 9

Submission of completed, hardcopy reporting forms to the DPH

Paper (hardcopy) originals should be mailed. Do not fax reporting forms to DPH. Do not send photocopies or faxed copies. Do not staple forms together.

- 1) Make sure that school name is at the top of each form to be submitted.
- 2) Send forms by mail to:

Attn: Asthma Reporting Form
Connecticut Department of Public Health - CFHPS
410 Capitol Ave, MS#11-HLS
Hartford, CT 06134

Submission of completed, electronic reporting forms to the DPH

- 1) Type in e-mail Subject line 2016-2017 Asthma Reports
- 2) Important cc the Nurse Supervisor/Health Service Director
- 3) Send the pdf files for each school as e-mail attachments to: dph.asthmaprogram@ct.gov
- 4) If you have Adobe Acrobat software that allows creation of a multiple-page pdf from separate pdf files, you may combine the pdf files for a single school into a single pdf file (binder file). Please contact your Information Technology Department with questions about combining documents in Adobe.

Contact Information

If you have questions or comments related to completing or submitting the new Asthma Reporting Form, please send an e-mail to dph.asthmaprogram@ct.gov

ARF User Guide_01122017 Page 8 of 9

Submission Checklists

Hand-completed reporting forms submission checklist
Forms were printed on white paper.
Forms are in landscape orientation and 100% size.
Forms have not been resized.
Form fields are filled in with black or blue ink.
School name is at the top of each form to be submitted.
There are no student initials, dates of birth, and/or notes on the completed forms.
Originals, not copies, are being sent to the DPH Asthma Program.
The mail submission of all hand-completed original forms to the DPH Asthma Program from school districts occurs on or before October 30, 2017. (The submission of individual school reports to the Nurse Supervisor/Health Service Director may differ.)
Electronically-completed reporting forms submission checklist
Pdf files for each school include the school name, reported grade, and form page number (e.g., AnnieFisher_K_page1.pdf).
If you made a single pdf of the forms from all schools in your district, the file name includes the district name and total number of schools for which reports are being submitted.
All the files you wish to submit are attached to the e-mail.
The e-mail is addressed to dph.asthmaprogram@ct.gov
The e-mail subject line is 2016-2017 Asthma Reports.
The cc line of the e-mail includes the Nurse Supervisor/Health Services Director.
The e-mail submission of all forms to the DPH Asthma Program from school districts occurs on or before October 30, 2017. (The submission of individual school reports to the Nurse Supervisor/Health Service Director may differ.)

ARF User Guide_01122017 Page 9 of 9