DPH Asthma Reporting Form 2015 - 2016

(For DPH Staff Use Only)

School Year (Last 2 Digits) ☐ — School ID (5 Characters Max) ☐

24240

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 X only. If you select a checkbox in error, completely darken the incorrect checkbox ■ and select the correct one(s).

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