DPH Asthma Reporting Form 2015 - 2016

Complete the form onscreen and email

School Name: *(Completed by School)*

NURSES: Enter Page Number:

(For DPH Staff Use Only)
School Year Last 2 Digits
School ID 5 Characters Max

34347

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 on Computer: When completed, PRINT the form to PDF and save. Attach the form to an email addressed to: dph.asthmaprogram@ct.gov.
In the "Subject" line enter "Asthma", without the quotes, and send.

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 ☐ Black or African Am ☐ Asian ☐ Am Indian 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
Numeric Grade ☐ PK ☐ K	☐ Male ☐ Female	☐ White ☐ Black or African Am ☐ Asian ☐ Am Indian 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
Numeric Grade ☐ PK ☐ K	☐ Male ☐ Female	☐ White ☐ Black or African Am ☐ Asian ☐ Am Indian 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
Numeric Grade ☐ PK ☐ K	☐ Male ☐ Female	☐ White ☐ Black or African Am ☐ Asian ☐ Am Indian 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
Numeric Grade ☐ PK ☐ K	☐ Male ☐ Female	☐ White ☐ Black or African Am ☐ Asian ☐ Am Indian 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