

Asthma Reporting Form

Department of Health and Mental Hygiene
201 W. Preston Street Baltimore, MD 21201

School District:	School N	Vame:				Phone Number:									
School Address:															
Enrollment (Check the boxes of all grades present in your school):	K	1	2	3	4	5	6	7	8	9	10	11	12		
School Year:	•	•		•		•						•			
Name of School Nurse Complete Form:															
Phone Number:	Email:														

			Race								hnic	ity		Diag:	nosis	Sour	ce			Sev	erit	y	OPTIONAL				
Grade	Age	Gender (M/F)	White	Black	Asian	Hawaiian	Am. Indian	Other	Unknown	Hispanic	Non-Hispanic	Unknown	Provider Diagnosis		Asthma Action Plan		4)	Other	Mild	Moderate	Severe	Exercise Induced	Meds. Usage	# of Visits to the Nurse	Number of absenteeism due to asthma	Number of unscheduled quick relief inhaler usage	



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USE ADDITIONAL SHEETS IF NECESSARY