

Nurse Worksheet

(pg 1 of 1)



Student _____ School _____

Date of Birth _____ Today's Date _____

Health Appraisal	Date	July/Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Communication with doctor												
Open Airways for School received												
EPA's Indoor Air Quality Tools for Schools												
Other classroom health education program received												
Home visits by school for asthma												
Days sent home for asthma												
Total days absent												
Days absent due to asthma												
911 calls for asthma												
ED visits for asthma												
Hospitalization for asthma												

Individual education	Date	Return demo by student	Personal best peak flow
Peak flow instruction/review			Date
Spacer instruction/review			Date
Inhaler instruction/review			
Trigger identification <i>(e.g. tobacco, pesticides, animals, or birds, dust, cleaning products, solvents, bus/car exhaust, perfumes, molds, cockroach, other)</i>		Other information/comments	
Personal trigger modifications			
Referred for influenza/pneumococcal vaccine			
Received influenza/pneumococcal vaccine			
Support Group			