

**Massachusetts Department of Public Health, Bureau of Environmental Health  
Pediatric Asthma/Diabetes Surveillance Form 201: -201;  
Please provide information for YOUR SCHOOL. Keep a copy for your records.**

School Name: \_\_\_\_\_

School Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Check here if any of the school information is INCORRECT. Write in the correct information in the corresponding space above.

Name of person completing form: \_\_\_\_\_ Title:  RN  LPN  Other (specify) \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Check all grades at this school:  K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup> **TOTAL ENROLLMENT (no preK):** \_\_\_\_\_

**CITY/TOWN OF RESIDENCE:** \_\_\_\_\_

Please provide the TOTAL NUMBER of K-8 students by GENDER, GRADE & RACE/ETHNICITY for each health problem below\*. Contact the school's business office for RACE/ETHNICITY information. Leave boxes empty if there are no students with the health problems in a grade. Leave boxes empty if your school does not have that grade.

**ASTHMA\***

Check box if there are NO students with asthma at this school.

	K	1	2	3	4	5	6	7	8
M									
F									

	Male	Female
White, Non-Hispanic		
White, Hispanic		
Black, Non-Hispanic		
Black, Hispanic		
Asian, Non-Hispanic		
Asian, Hispanic		
American Indian/Alaska Native, Non-Hispanic		
American Indian/Alaska Native, Hispanic		
Pacific Islander/Hawaiian, Non-Hispanic		
Pacific Islander/Hawaiian, Hispanic		
Multi-Racial, Non-Hispanic		
Multi-Racial, Hispanic		
Unknown		

Of the total number of students with asthma, how many have an **Asthma Action Plan (AAP)** on file? \_\_\_\_\_

**DIABETES**

Check box if there are NO students with diabetes.

Type 1 Total \_\_\_\_\_

	K	1	2	3	4	5	6	7	8
M									
F									

Total by Race/Ethnicity	
White, Non-Hispanic	
White, Hispanic	
Black, Non-Hispanic	
Black, Hispanic	
Asian, Non-Hispanic	
Asian, Hispanic	
American Indian/Alaska Native, Non-Hispanic	
American Indian/Alaska Native, Hispanic	
Pacific Islander/Hawaiian, Non-Hispanic	
Pacific Islander/Hawaiian, Hispanic	
Multi-Racial, Non-Hispanic	
Multi-Racial, Hispanic	
Unknown	

Type 2 Total \_\_\_\_\_

	K	1	2	3	4	5	6	7	8
M									
F									

Total by Race/Ethnicity	
White, Non-Hispanic	
White, Hispanic	
Black, Non-Hispanic	
Black, Hispanic	
Asian, Non-Hispanic	
Asian, Hispanic	
American Indian/Alaska Native, Non-Hispanic	
American Indian/Alaska Native, Hispanic	
Pacific Islander/Hawaiian, Non-Hispanic	
Pacific Islander/Hawaiian, Hispanic	
Multi-Racial, Non-Hispanic	
Multi-Racial, Hispanic	
Unknown	

If you have students with asthma/diabetes from multiple cities/towns, please photocopy this form and indicate the total number of pages you are submitting here: page \_\_\_\_ of \_\_\_\_  
Return this completed surveillance form by fax within 2 weeks to: 617-624-5560. For questions, please call 617-624-5757 and ask for the Pediatric Asthma Coordinator. Thanks!

\* Please report asthma for any student that a doctor, nurse, or other health professional has ever identified to have asthma