

# STAMFORD PUBLIC SCHOOLS

## ASTHMA SURVEY

### COMPLETE FOR EACH NEW STUDENT

Student's Name \_\_\_\_\_

School \_\_\_\_\_

QUESTIONS	YES	NO
1. Has your child been diagnosed with asthma by a physician?		
Does your child still have asthma?		
2. Does your child Wheeze, either at rest or with exercise?		
Does your child have Shortness of Breath (either at rest or with exertion)?		
Has your child had two or more chest colds in the last 3 years?		
Does your child have a morning cough?		
Does your child cough during the night?		
Does your child have allergies?		

I authorize my child to be screened by the school nurse using a peak flow meter.

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Parent/Guardian Signature

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Date