

Northern Burlington County Regional School District
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Health Office Staff- High School

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Health Office Staff- Middle School

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ASTHMA AWARENESS QUESTIONNAIRE

Asthma is a chronic, inflammatory lung disease involving recurrent breathing problems. It is a condition that has generally not been treated as seriously as other chronic diseases. However, according to the National Institute of Allergy and Infectious Diseases asthma is the most common serious disease among children in the United States. It is blamed for more than 5,000 deaths per year and 10 million school absences.

The incidence of diagnosed asthma has increased significantly over the last two decades. Even though extensive research has taken place during this time, the disease is still misunderstood. Many times it is not treated as aggressively as it could be. Worst yet it is not treated at all.

Because of the serious implications of asthma, Northern Burlington County Regional School District is taking a proactive stance by gathering more information. With this information we can better identify athletes at risk, help asthmatic athletes achieve maximum performance under the safest conditions and possibly help prevent a tragedy.

Thank you for your cooperation. If you have any questions or concerns, please contact:

In the High School: Diane Applegate RN, Eileen Mancini RN, Laura Tewes RN or Erin Cearfoss ATC.

In the Middle School: Nicole Dodsworth, RN

All students should complete this document.

Name _____
 Age: _____ Height: _____ Weight: _____

	Yes	No
1. Do you ever have wheezing?	_____	_____
2. Does running ever cause chest tightness or cough or wheezing or prolonged shortness of breath?	_____	_____
3. Have you ever had chest tightness, cough, wheezing, asthma or other? Chest (lung) problems that make it difficult for you to perform in sports?	_____	_____
4. Have you ever missed school, work or practice because of lung disease? (pneumonia) chest tightness or cough or wheezing or prolonged shortness of breath?	_____	_____
5. Do you have trouble breathing or do you cough (locker room cough) during or after activity?	_____	_____

_____ My son/daughter has **never** been diagnosed with asthma, exercise induced asthma, broncho spasm nor have they ever had any breathing difficulty.

_____ My son/daughter has been diagnosed with asthma, exercise induced asthma or some form of respiratory problem. **Attached form is required to be filled out by treating physician.**

My son/daughter is: _____ taking medication to control their problem.
 _____ not currently taking medication and rarely experiences any breathing difficulty.

 Student athlete signature Date Parent/Guardian signature Date

If student has been diagnosed with asthma, the attached Asthma Action Plan form is required to be completed by treating physician.