

ARIZONA SCHOOL HEALTH ANNUAL REPORT (ASHAR)

SCHOOL ID NUMBER: _____ **Print & Complete All Blanks (NO Abbreviations) in the School Information Section**

Submit a Separate Form For Each School You Serve

School Calendar (Check): Traditional _____ Year Round _____ School Year _____ - _____

School: _____ Phone: (____) _____ District: _____ # _____ County: _____

Circle Grades Served: Preschool K 1 2 3 4 5 6 7 8 9 10 11 12 Only Special Education Students

Average Enrollment _____ Percent of Free/Reduced Lunch _____% Number of days per week Health Office staff present on campus: RN _____; LPN _____; HA _____; Other _____

Health Services Provided by: 1. _____ Last/First Title: _____ Highest Level of Edu: PhD; EdD; SNP; MA/MSN/MEd; BSN; BS; RN; LPN; Other: _____
(Circle 1)

Name of person completing this ASHAR & check appropriate box:

RN LPN HA Other

Arizona School Nurse Certification: Initial _____ Renewal: 1st _____ 2nd _____ 3rd _____ National School Nurse Certification: NASN _____ ANA _____

School Nursing Experience (RN's only): < 3 years _____ 3-9 years _____ 10-20 years _____ 21-30 years _____ > 30 years _____

2. _____ Last/First Title: _____ Highest Level of Edu: PHD; EdD; SNP; MA/MSN/MEd; BSN; BS; RN; LPN; Other: _____
(Circle 1)

Arizona School Nurse Certification: Initial _____ Renewal: 1st _____ 2nd _____ 3rd _____ National School Nurse Certification: NASN _____ ANA _____

School Nursing Experience (RN's only): < 3 years _____ 3-9 years _____ 10-20 years _____ 21-30 years _____ > 30 years _____

Code #	Yearly Total	Nursing Activities/Student Contacts
001		Illness - Nursing Assessment/Treatment
005		Injury at School - Nursing Assessment/Treatment
006		Follow Up Injury at School - Nsg Assessment/Treatment
010		Injury at Home or Other - Nursing Assessment/Treatment
015		Medications - Daily # doses given
018		Medications - PRN # doses given
020		Skilled Nursing Procedures (Consents Required)
021		IEP (required) Related Interventions
030		Parent Contacts
035		Home Visits
040		Student Health Records (enrollment)
045		Student Health Records (withdrawal)
050		Immunization Records
055		Immunizations Administered a. # adults
060		b. # children
065		Vision Screening a. # screened
070		b. # RN rescreened
071		c. # referred
075		Hearing Screening a. # screened
080		b. # RN rescreened
081		c. # referred
085		Scoliosis Screening a. # screened
090		b. # RN rescreened
091		c. # referred
095		Height & Weight Screening a. # screened
100		b. # RN rescreened
101		c. # referred Underweight
102		d. # referred At Risk
103		e. # referred Overweight
105		Blood Pressure Screening a. # screened
110		b. # RN rescreened
111		c. # referred

Code #	Yearly Total	Nursing Activities/Student Contacts
115		Dental Screening a. # screened
120		b. # RN rescreened
121		c. # referred Urgent
122		d. # referred Decay
123		e. # referred Other
125		Pediculosis Screening a. # screened
130		b. # RN rescreened
131		c. # referred
135		TB Skin Testing a. # screened
140		b. # read by RN
141		c. # referred
145		Acanthosis Nigricans a. # screened
150		b. # rescreened
151		c. # referred
160		Physical Exams/Assessments
165		Neurodevelopmental Assessments
170		Fluoride Mouthrinse Program
175		Health Education or Promotion Resource
180		Classroom Presentations to Students
185		Social/Developmental Histories
190		Special Education - Evaluation/Re-evaluation Assessment
195		Child/Student Team Meetings
210		Conferences with School Personnel re: Students
215		School Meetings
220		Community Contacts/Meetings
225		School Environmental Inspection
230		University/College Courses Attended
235		Conferences/Workshops Attended
240		Classes/Workshops Given
245		Preceptor of Student Nurses
250		Professional Committee Participation
275		Emergency Calls to Other Schools
280		Students Sent Home by RN
285		Students Sent Home by Health Assistant

