



Request for More Information to Physician or Qualified Medical Provider Regarding Reasonable Accommodation for Asthma

1. Does any member of the household have doctor-diagnosed asthma?

(If more than one member of the household has doctor-diagnosed asthma, please fill out a separate asthma sheet for each member of the household.)

Yes (If Yes, please list name and age below:)

No (If No, skip this page)

2. Has the household member used an asthma medication in the last year?

Yes (If Yes, please list name and age)

No (If No, skip this page)

3. Is the household member's asthma only active in certain seasons?

Yes (If Yes, please list name and age)

No (If No, skip this page)

4. What is the Asthma Severity for the member of the household? (Please use NHLBI guidelines for severity)

Mild Intermittent (day symptoms <2x/week, night symptoms <2x/month)

Mild Persistent (day symptoms 3-6x/week, night symptoms >2x/month)

Moderate Persistent (day symptoms every day, night symptoms >1x/week)

Severe Persistent (day symptoms many times a day, night symptoms >2x/week)



5. Asthma/allergy medications used by member of the household.
Please write in name of medication below:

- Rescue medicine _____ (# times/week _____ Day
(# times/week _____ Night)
- Controller medicine _____ (# times/day _____)
- Controller medicine _____ (#times/day _____)
- Allergy medicine _____ (# times/day _____)
- Other medicine _____ (# times/day _____)
- Other medicine _____ (# times/day _____)

6. In the last 12 months please list the number of times the household member has had asthma-related

- | | |
|--------------------------|---|
| _____ clinic visits | _____ preventative/asthma checks |
| _____ urgent care visits | _____ Emergency Room visits |
| _____ hospitalizations | _____ hospitalizations in the Intensive Care Unit |

7. In your opinion, what conditions in the home are exacerbating the household member's asthma?

8. What verification can you present to show the child will be better after moving? (i.e. allergen testing, previous history in other environments)

Physician's Signature

Date