Health Services

Peak Flow Sheet

Name: _____ **DOB: _____** **Student ID#:_____**
Campus: _____ **Grade: _____**

Baseline PEF: _____ Medication: _____

Green Zone (80%-100%) _____

Yellow Zone: (50%-80%) _____

Red Zone: (Less than 50%) _____

Date/Time	Symptoms	PEF Before Medication – Zone	PEF After Medication - Zone