

# တၢ်နၢ်ဟူ တၢ်ဆၢခီဆူညါ လံာ်ပရၢ

ဖိသၢ်အမံ- \_\_\_\_\_ နံၤအိၣ်ဖျဲာ်- \_\_\_\_\_

မိၢ်ပၢ်/ပျၢ်ကွၢ်ထွဲတၢ်သးဘိတဖၣ်ဧၤ:

ပကိၣ်ဟ့ၣ်လီၤဝဲ တၢ်နၢ်ဟူတၢ်မၤကွၢ် ခီဖျိ စူးကါ မံာ်နံာ်စိထံာ်ဆူၣ်ချ့ဝဲၤကျိၤ အတၢ်နံာ်ကျဲတဖၣ်လီၤ.

နဖိအတၢ်နၢ်ဟူတၢ်န့ၣ် တၢ်မၤကွၢ်အီၤဖဲ \_\_\_\_/\_\_\_\_/\_\_\_\_ ဒီး ဘၣ်တၢ်မၤကဒါက့ၤအီၤဖဲ  
\_\_\_\_/\_\_\_\_/\_\_\_\_န့ၣ်လီၤ.

- နဖိတခီဆၢထီၣ် တၢ်အကလုာ်ခဲလၢာ် လၢအတၢ်နၢ်ဟူတၢ်မၤကွၢ်အပူၤဘၣ်. ဝံသးစူၤ ကွၢ်သယဲၤဘၣ် လံာ်တီၤဖျါလၢလံာ်တက့ၢ်.

| Pure Tone Audiometry – Right Ear | Initial Screen | Rescreen   |
|----------------------------------|----------------|------------|
| 500 Hz, 25 dB                    | PASS/REFER     | PASS/REFER |
| 1000 Hz, 20 dB                   | PASS/REFER     | PASS/REFER |
| 2000 Hz, 20 dB                   | PASS/REFER     | PASS/REFER |
| 4000 Hz, 20 dB                   | PASS/REFER     | PASS/REFER |
| 6000 Hz, 20 dB (ages 11 and up)  | PASS/REFER     | PASS/REFER |
| Pure Tone Audiometry – Left Ear  | Initial Screen | Rescreen   |
| 500 Hz, 25 dB                    | PASS/REFER     | PASS/REFER |
| 1000 Hz, 20 dB                   | PASS/REFER     | PASS/REFER |
| 2000 Hz, 20 dB                   | PASS/REFER     | PASS/REFER |
| 4000 Hz, 20 dB                   | PASS/REFER     | PASS/REFER |
| 6000 Hz, 20 dB (ages 11 and up)  | PASS/REFER     | PASS/REFER |

- တၢ်အစၢတဖၣ်အံၤ အခီပညါမ့ၢ်ဝဲ နဖိဘၣ်သ့ၣ်သ့ၣ်ကအိၣ်ဒီး တၢ်နၢ်ဟူအတၢ်ဂ့ၢ်ကီန့ၣ်လီၤ.
- လၢကသမံသမိးမၤကွၢ်အတၢ်နၢ်ဟူအဂီၢ်, ဝံသးစူၤ လဲၤကိးဘၣ်နဖိအံၤဆူ နကသံာ်ဒါး ဒီး/မ့တမ့ၢ် တၢ်နၢ်ဟူဂ့ၢ်ဝီပီညါကသံာ်သရၣ် (တၢ်နၢ်ဟူဂ့ၢ်ဝီပီပုၤသ့ပုၤဘၣ်) အအိၣ်တက့ၢ်.
- နဖိအံၤ မ့ၢ်ဒီးန့ၢ်ဘၣ်တ့ၢ်လံဝဲ တၢ်အံးထွဲကွၢ်ထွဲ လၢတၢ်နၢ်ဟူတၢ်အဂီၢ် မ့တမ့ၢ် နမ့ၢ်လိာ်ဘၣ်တၢ်မၤစၢၤ လၢကယုထံာ် ပုၤဟ့ၣ်ဆူၣ်ချ့တၢ်အံးထွဲကွၢ်ထွဲတဂၤန့ၣ်, ဝံသးစူၤတဲဘၣ် ကိၣ်အနးစံအံၤတက့ၢ်.
- ဝံသးစူၤ ဟ့ၣ်လီၤဘၣ် လံာ်ပရၢအံၤ ယုာ်ဒီး ကိၣ်တၢ်နၢ်ဟူတၢ်အစၢတဖၣ် ဆူတၢ်ဆါဟံာ်အံၤ ဒီး/မ့တမ့ၢ် ဆူတၢ်နၢ်ဟူဂ့ၢ်ဝီပီညါကသံာ်သရၣ် လၢအကမၤ တၢ်နၢ်ဟူတၢ်သမံသမိးအံၤ တက့ၢ်.
- တၢ်သံကွၢ်မ့ၢ်အိၣ်ဒီးန့ၢ် မ့တမ့ၢ် နမ့ၢ်လိာ်ဘၣ်တၢ်မၤစၢၤ လၢကဘျးစဲလိာ်သးဒီး ကသံာ်ဒါးတဖျါန့ၣ်, ဝံသးစူၤ ဆဲးကျိးဘၣ်ပုၤတက့ၢ်.

HEARING REFERRAL LETTER

Health Care Provider, please complete this form.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

**Provider comments:**

I have examined this child on \_\_\_\_/\_\_\_\_/\_\_\_\_ and find the following:

**MEDICAL:**

- Hearing (circle): PASS or REFER
- Medically treatable
- Not medically treatable
- Outer Ear
- Middle Ear
- Inner Ear
- Refer to Audiology

**AUDIOLOGICAL:**

- Normal Hearing
- Conductive Hearing Loss
- Mixed Hearing Loss
- Sensorineural Hearing Loss
- Refer to Physician
- Amplification Evaluation

Further Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Further Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Recommendations to support learning in the  
school environment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Recommendations to support learning in the  
school environment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Child should return for follow up examination on \_\_\_\_\_

Provider Name/Title: \_\_\_\_\_

Contact Information \_\_\_\_\_

*Schools nurse or health staff fill out this section below before sending home.*

HEARING REFERRAL LETTER

**Please have the parent return this form to the school or you can return this to:**

School Nurse Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

This templated form was developed by MDH for use in schools.

မိနီဆိုတဝ်ဆူဂ်ချ့ဝဲကွို (Minnesota Department of Health)  
ဖိသုဒ်ဒီးပုလိဂ်ဘိ တၢ်သမံသမိးတဖု (Child and Teen Checkups)  
651-201-3650  
[health.childteencheckups@state.mn.us](mailto:health.childteencheckups@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

12/2023

လၢကမၤန့ၢ် လံာ်တက့ၢ်ဒိအံၤ လၢက့ၢ်ဂီၤဒိအဂ့ၢ်အဂၤတခါအဂီၢ်, ကိးလီတဲစိ ဆူ- 651-201-3650.