

## Xalayaa rifarii dhaga'uur

Maqaa Daa'ima: \_\_\_\_\_ Guyyaa dhalootaa: \_\_\_\_\_

Kabajamoo Maatii/Guddistuu:

Manni baruumsaa keenya ittin-bulmaata kutaa fayyaa mineesotaa fayyadamuun qorannoo qaroo kenna. Dhageettiin daa'ima keessanii daa'ima keessanii gaafa \_\_\_\_/\_\_\_\_/\_\_\_\_ qoratamee, gaafa \_\_\_\_/\_\_\_\_/\_\_\_\_ irra deebi'ame.

- Daa'ima keessan sagalee qorannaa hundaaf deebii hin kennu. Chaartii gad-aanu ilaalaa.

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

- Bu'aa kana jechuun daa'imni keessan rakkoo dhagettii qaba/qabdi.
- Akka ilaalamu/ilaalamtu daa'ima keessan kiliinika ykn ogeessa gurraa bira geessaa.
- Daa'imni keessan rakkoo dhagettiif ilaalamaa yoo jiraate/tte ykn ogeessa kennituu tajaajila fayya argachuu yoo barbaaddan, maaloo narsii mana barnootaatti himaa.
- Maaloo xalayaa kana bu'aa dhageettii wajjin kiliinikatti ykn ogeessa fayyaa gurraa qorannaa gaggeessutti kenna.
- Gaaffii ykn kiliinikaan wal quunnamuu yoo barbaadda nu quunnamaa

\_\_\_\_\_

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

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

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

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

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

**AUDIOLOGICAL:**

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

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

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

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.*

**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.

Kutaa fayyaa qorannoo daa'ima fi kudhanee Mineesootaa  
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

*Barreeffama kana guca biroon argachuuf lakk: 651-201-3650 bilbilaa.*