

## Warqadda Gudbinta ee Maqalka

Magaca ilmaha: \_\_\_\_\_ Taariikhda Dhalashada: \_\_\_\_\_

Waalidka/Daryeel-bixiyaha Sharafta leh:

Dugsigeena wuxuu bixiyaha baaritaanka maqalka iyadoo la adeegsanaayo habraacyada ay soo saartay Waaxda Caafimaadka ee Minnesota. Maqalka ilmahaaga waxaa la baaray \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ waxaana dib loo baaray \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

- Ilmahaaga wax dareen ah kama muujinin dhammaan dhawaaqyada baaritaankooda maqalka. Tixraac shaxda hoose.

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

- Natiijooyinkan waxay ka dhigan yihiin in ilmahaagu u dhib ka qabo dhagaha.
- Fadlan ilmahaaga gee rugtaada caafimaadka iyo/ama dhakhtarka dhagaha (ku takhasusay maqalka) si uu eego maqalkooda.
- Haddii ilmahaagu diyaar u yahay in uu helo daryeelka dhibatooyinka maqalka ama haddii aad u baahan tahay in lagaa caawiyo in aad hesho daryeel-bixiye caafimaad, fadlan u sheeg kalkaalisada dugsiga.
- Fadlan warqaddaan oo ay ku jiraan natiijooyinka maqalka u dhiib rugta caafimaadka iyo/ama dhakhtarka dhagaha kaas oo sameynaayo baaritaanka maqalka.
- Haddii aad qabto su'aalo ama aad u baahan tahay in aad la xiriirto rug caafimaad, fadlan nala soo xiriir.
- \_\_\_\_\_

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: \_\_\_\_\_

## HEARING REFERRAL LETTER

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

Waaxda Caafimaadka ee Minnesota  
Baaritaanka Caruurta iyo Dhallinta  
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

*Si aad xogtaan ugu hesho qaab kale, la xiriir, call: 651-201-3650.*