

Xalayaa referaalaa Qaroo

Maqaa daa'ima: _____ Guyyaa dhalootaa: _____

Kabajamoo Matii/Tajaajila kennituu:

Manni baruumsaa keenya ittin-bulmaata kutaa fayyaa mineesotaa fayyadamuun qorannoo qaroo kenna. Qaroon daa'ima keessanii gaafa _____ qoratame.

Daa'imni keessan akka ilaalamu maaloo doktora ijaa bira geessaa. Xalayaa kana bu'aa qorannaa qaroo mana baruumsaa wajjin doktora ijaaf kennaa.

- Ija mirgaa 10/_____ (20/_____) Ija bitaa 10/_____ (20/_____) qaroo fagoof.
- Daa'imni keessan sarara chaartii umuriiirra jiru dubbisuu hin dandeenye ykn seensii sirreessituu (wajjin) (ala) garaagarummaa ilaalu ija mirgaa fi bitaa sarara tokkoo ol.
- Daa'imni keessan rakkoo wantoota dhihoo ilaalu qaba/qabdi(qorannoo leensiin dabalatee).
- Daa'imni keessan sirriitti ilaaluuf akka itti ulfaatu komii dhiheesse/dhiheessite.
- Bifti ija daa'ima keessanii kan daa'imman hedduu waajjin tokko miti. Ibsa:

- Yeroo qorannootti rakkoon madaallii maashaa ijaa (agartuuwwanii kallattii tokko kan ilaalan) ta'uu danda'u mul'ateera
- Reetinaa fayya kan hin taane (ifa diiaaa)kan balaqqeessisu.
- Seenaa haala ijaa daa'ima/maatii.

Gaaffii ykn gargaarsa qormaata ogeeyyii tajaajila fayyaa ijaa argachuu yoo barbaaddan, maaloo nu quunnamaa.

Maaloo ogeessi yaalaa ijaa guca kana akka guutuu gochuun guca ogeesi yaalaa ijaa guutee mana baruumsaatti deedisaa.

VISION 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 ____/____/____

My findings are:

Right: 10/____ (20/____) Left: 10/____ (20/____) without corrective lenses

- Insufficient to require treatment
- Corrective lenses prescribed or there is change in the current prescription.
- Best Correction: R____/____ L____/____
- Muscular Condition was not found or insufficient to require treatment
- Muscular Condition is being treated by corrective lenses or other method
- There is no significant visual condition that will impact the child's learning
- This child has a visual condition that may impact learning. Recommendations include:

- Other _____

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: _____

Unkaan kun itti fayyadamina manneen barnootaaf MDHn kan qophaa'edha.

Kutaa qorannoo Fayyaa Daa'immanii fi Dargaggootaa Mieenesotaa
651-201-3650
health.childteencheckups@state.mn.us
www.health.state.mn.us

12/2023

Unkaa kana bifa biroon argachuuf, lakk: 651-201-3650 bilbilaa.