

## Warqadda Gudbinta Aragga

Magaca Ilmaha: \_\_\_\_\_ Taariikhda Dhalashada: \_\_\_\_\_

Waalidka/Daryeel-bixiyaha Sharafta leh:

Dugsigeena wuxuu bixiyaha baaritaanka aragga isaga oo racaayo habraacyada ay soo saartay Waaxda Caafimaadka Minnesota. Aragtida ilmahaaga waxaa la baaray

\_\_\_\_\_.

Fadlan ilmahaaga gey dhakhtarka indhaha si uu u eego aragtidooda. Dhakhtarka indhaha u dhib warqadaan oo ay ku qoran tahay natiijooyinka baaritaanka aragtida ee dugsiga.

- Isha Midigta 10/ \_\_\_\_\_ (20/ \_\_\_\_\_) Isha Bidixda 10/ \_\_\_\_\_ (20/ \_\_\_\_\_) ee aragtida fog.
- Ilmahaaga wuxuu akhrin waayay khadadka jaantuuska loogu talagalay da'adiisa AMA farqiga u dhexeeya isha bidix iyo midig ayaa ka weynaa hal xariiq (xiran) (aan xirnayn) okiyaalaha sixidda indhaha.
- Ilmahaaga wuxuu dhib kala kulmay in uu arko walxaha u dhow (Baaritaanka aragtida dhow).
- Ilmahaagu wuxuu ka cawday in ay adag tahay in uu si fiican wax u arko.
- Aragtida indhaha ilmahaaga ma ahayn mid caadi u ah carruurta intooda badan. Faahfaahin: \_\_\_\_\_
- Dhibaatooyinka dheelitirka muruqa isha ayaa suurtagal ah (wiisha (pupils) oo hal dhinac u jeedo) ayaa la arkay inta baaritaanka socday
- Fiicil-celinta muudka-cad oo aan caadi ahayn (Abnormal Retinal (Red Light) Reflex)
- Ilmaha/Qoyska oo xaaladaha indhaha taariikh u leh.

Haddii aad qabto su'aalo ama aad u baahan tahay in lagaa caawiyo in aad hesho baaritaan khabiirka daryeelka indhaha, fadlan nala soo xiriir.

\_\_\_\_\_

Fadlan xirfadlahaaga daryeelka indhaha ha buuxiyo foomka oo foomka la buuxiyay ku soo celi dugsiga.

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: \_\_\_\_\_

Foomkaan qaabeysan waxaa soo saartay MDH si loogu isticmaalo dugsiyada.

Waaxda Caafimaadka ee Minnesota  
Baaritaanka Carruurta 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 naqshadaan ugu hesho qaab kale, wac: 651-201-3650.*