

DAIM NTAUV XA ME NYUAM YAU 6 XYOOS ROV SAUM MUS KUAJ QHOV MUAG

(School Age Vision Referral Letter — Hmong)

Hais txog _____

Txog Cov Niam Txiv:

Raws li cov lus uas Minnesota Department of Health tau xav kom ua, koj tus me nyuam twb raug kuaj thaum _____ / _____ / _____ thiab rov qab kuaj dua ntxiv rau thaum _____ / _____ / _____ lawm.

Koj yuav tsum koj tus me nyuam mus ntsib tus kws kuaj qhov muag txog cov nqi lus uas kos cim nram qab no.

- () Xeeb txob thiab phej yws txog qhov uas lub qhov muag tsi pom kev.
- () Teeb meem mob qhov muag tab si yog mob nraum daim tawv muag tej ntawd xwb.
- () Teeb meem txog cov leeg qhov muag.
- () Twm tsi tau cov kab hauv daim ntawv zoo li uas cov me nyuam muaj hnuv nyoog ib yam li nws thaum (coj) (tsi coj) tsum iav Sab xis _____ / _____ Sab laug _____ / _____
- () Pom kev ze tab si tsi pom kev deb
- () Pom kev tsi meej

Thov coj daim ntawv no tuaj thaum koj coj koj tus me nyuam tuaj kuaj thiab hais kom tus kws kuaj qhov muag ntawd sau rau nram qab no.

Dear Doctor:

Please complete this portion of the form and send it at your earliest convenience to:

(School Nurse) _____

I have examined _____ on _____ / _____ / _____.

I feel the eye problem is:

- () Not sufficient to require treatment
- () Fully treatable
- () Partially treatable
- () Not treatable
- () Glasses prescribed
Best Correction: Right _____ / _____ Left _____ / _____
- () Lens changes
Best Correction: Right _____ / _____ Left _____ / _____

Vision defect

- () Muscular
- () Myopia
- () Hyperopia
- () Astigmatism
- () Suppression
- () Fusion defect
- () External eye disease
- () Other _____

I expect that on completion of whatever treatment is necessary there will be:

- () No significant visual handicap that may interfere with learning.
- () Visual handicap that may interfere with learning.

Child should return for follow-up examination on _____ / _____ / _____.

Special recommendation: _____

Signed _____

SCHOOL AGE VISION REFERRAL LETTER

Regarding _____

Dear Parent:

In keeping with the recommendations of the Minnesota Department of Health, your child was screened ___/___/___ and rescreened ___/___/___.

You are urged to take your child for a professional eye examination for the reason(s) checked below:

- Complaints of visual distress, observed behaviors
- External eye problems
- Possible eye muscle problems
- Did not read lines on chart appropriate for age group
(with) (without) glasses Right ___/___ Left ___/___
- Farsightedness
- Fusion/suppression problems

Please take this form with you when your child is examined and ask the examiner to complete the bottom half.

Dear Doctor:

Please complete this portion of the form and send it at your earliest convenience to:

(School Nurse) _____

I have examined _____ on ___/___/___.

I feel the eye problem is:

- Not sufficient to require treatment
- Fully treatable
- Partially treatable
- Not treatable
- Glasses prescribed
Best Correction: Right ___/___ Left ___/___
- Lens changes
Best Correction: Right ___/___ Left ___/___

Vision defect:

- Muscular
- Myopia
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- Fusion defect
- External eye disease
- Other _____

I expect that on completion of whatever treatment is necessary there will be:

- No significant visual handicap that may interfere with learning.
- Visual handicap that may interfere with learning.

Child should return for follow-up examination on ___/___/___.

Special recommendations: _____

Signed _____