

ໜັງສືນຳສົ່ງເດັກນ້ອຍໄປກວດສາຍຕາກ່ອນຈະເຖິງອາຍຸເຂົ້າໂຮງຮຽນ.

(School Age Vision Referral Letter — Laotian)

ກຽວກັບ _____

ເຖິງພໍ່ແມ່ທີ່ຜູ້ປົກຄອງ:

ເພື່ອຈະປະຕິບັດຕາມຄຳສັ່ງຂອງກະຊວງສາທາລະນະສຸກຣັຖມິນິໄຊຕາ, ລູກຂອງທ່ານໃນໂຮງຮຽນໄດ້ຖືກ
ມັດໃຫ້ໄປກວດຫຼື _____ / _____ / _____ ແລະກັບໄປກວດຄືນອີກຄັ້ງສອງແມ່ນໃນວັນ _____ / _____ / _____

ທ່ານຄວນຈະພາລູກນ້ອຍໄປກວດສາຍຕາ. ເຫດຜົນທີ່ກວດເບິ່ງສາຍຕານັ້ນມີຫຼາຍຢ່າງທີ່ຕ້ອງໄດ້ກວດເບິ່ງ ມີຄື.

- () ເຄີຍອຸກໃຈເລື້ອງສາຍຕາຂອງເຂົາເລື້ອຍໆ. ມີບັນຫາທີ່ອຸກໃຈໃນການເບິ່ງບໍ່ເຫັນແຈ້ງ.
- () ກວດເບິ່ງໜ້ອຍຕາຫາງດ້ານຂ້າງນອກທີ່ອາດຈະມີບັນຫາ.
- () ກວດເບິ່ງການຫ່າງໄກຂອງສາຍຕາທີ່ອາດຈະມີບັນຫາ
- () ສາຍຕາອາດຈະເສັຍໃຈ ໂພດຜິດທຳມະດາກວ່າຄົນທົ່ວໆໄປ.
(ໃສ່) (ບໍ່ໃສ) ແວນຕາ. ຂວາ _____ / _____ ຊ້າຍ _____ / _____
- () ເບິ່ງຢູ່ໄລຍະໄກບໍ່ເຫັນຊັດແຈ້ງດີ.
- () ມີບັນຫາເລື້ອງຕາຫຼືລາຍຕາຝການຄິດຄະເນສາຍຕາຕົນເອງ.

ຈົ່ງຖືເອົາໜັງສືນີ້ໄປນຳທ່ານໃນເມື່ອທ່ານພາລູກຂອງທ່ານໄປກວດ ແລະຈົ່ງບອກໃຫ້ຜູ້ກວດຕານັ້ນ
ຂຽນຮາຍງານຕ່າງໆລົງຂ້າງລຸ່ມນີ້.

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
- 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 recommendations: _____

Signed _____