

НАПРАВЛЕНИЕ НА ПРОВЕРКУ ЗРЕНИЯ РЕБЕНКА ШКОЛЬНОГО ВОЗРАСТА
(School Age Vision Referral Letter — Russian)

Фамилия ребенка _____

Дорогие родители:

В соответствии с рекомендациями Отдела здравоохранения штата Миннесота зрение вашего ребенка было проверено ____/____/____, повторный осмотр произведен ____/____/____.

Вам необходимо показать ребенка главному врачу по причине или причинам, указанным ниже:

- Жалобы на плохое зрение, подтверждаемые наблюдением за поведением
- Наружные проблемы с глазами
- Возможные проблемы с глазными мышцами
- В очках (без очков не) реагирует на соответствующие возрастной группе строчки в таблице. Глаза: правый ____/____ левый ____/____
- Дальнозоркость
- Проблемы с фузией/супрессией

Пожалуйста, принесите эту форму на осмотр и попросите врача заполнить нижнюю половину.

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 _____