

# CARTA DE REFERENCIA-VISIÓN (EDAD ESCOLAR)

(School Age Vision Referral Letter — Spanish)

Referente a: \_\_\_\_\_

Estimado Padre o Representante:

En cumplimiento con las recomendaciones del Departamento de Salud de Minnesota, su hijo/a fue examinado el día \_\_\_/\_\_\_/\_\_\_ y reexaminado el día \_\_\_/\_\_\_/\_\_\_.

Se le recomienda que someta a su hijo/a a un examen oftalmológico profesional por las razones que se indican a continuación:

- Quejas de tensión ocular, comportamientos observados
- Problemas oftalmológicos externos
- Posibilidad de problemas en los músculos oculares
- No leyó las líneas de la carta de examen visual de manera adecuada para su edad  
(con) (sin) lentes      Derecho \_\_\_/\_\_\_      Izquierdo \_\_\_/\_\_\_
- Hipermetropía
- Problemas de fusión/supresión

Sírvase llevar esta planilla con usted cuando examinen a su hijo/a y pídale a la persona que realice el examen que complete la parte inferior.

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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 of \_\_\_/\_\_\_/\_\_\_

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.

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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 \_\_\_\_\_