

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.

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
www.health.state.mn.us

12/2023

Si aad naqshadaan ugu hesho qaab kale, wac: 651-201-3650.