

Daim Ntawv Xa Tawm Mus Kuaj Kev Hnov Lus

Tus Menyuum Lub Npe: _____ Hnub Yug: _____

Nyob zoo txog cov niam thiab txiv/Tus Neeg Saib Xyuas:

Peb lub tsev kawm ntawv muab kev kuaj hnov lus es yog siv daim qauv cob qhia tsim tawm los ntawm lub tuam tsev Minnesota Department of Health. Koj tus menyuum raug kuaj rau hnub ____/____/____ thiab rov qab kuaj dua thaum hnub ____/____/____.

- Koj tus menyuum tsis teb tag nrho cov suab thaum kuaj seb puas hnov lus. Saib rau daim ntawv chart hauv qab no.

Pure Tone Audiometry – Right Ear	Initial Screen	Rescreen
500 Hz, 25 dB	PASS/REFER	PASS/REFER
1000 Hz, 20 dB	PASS/REFER	PASS/REFER
2000 Hz, 20 dB	PASS/REFER	PASS/REFER
4000 Hz, 20 dB	PASS/REFER	PASS/REFER
6000 Hz, 20 dB (ages 11 and up)	PASS/REFER	PASS/REFER
Pure Tone Audiometry – Left Ear	Initial Screen	Rescreen
500 Hz, 25 dB	PASS/REFER	PASS/REFER
1000 Hz, 20 dB	PASS/REFER	PASS/REFER
2000 Hz, 20 dB	PASS/REFER	PASS/REFER
4000 Hz, 20 dB	PASS/REFER	PASS/REFER
6000 Hz, 20 dB (ages 11 and up)	PASS/REFER	PASS/REFER

- Qhov kuaj tag es pom ntawm no txhais tias koj tus menyuum tej zaum muaj teeb meem txog qhov es nws hnov lus.
- Thov coj koj tus menyuum mus rau tom koj lub tsev kuaj mob thiab/los yog tus kws kuaj hnov lus (audiologist) kom kuaj lawv qhov hnov lus.
- Yog tias koj tus menyuum twb tau txais kev kho rau qhov teem meem hnov lus lawm los yog koj xav tau kev pab nrhiav lub chaw kuaj, thov hu rau lub tsev kawm ntawv tus poj nais maum.
- Thov muab daim ntawv no nrog cov ntaub ntawv es kuaj tag pom dabtsi rau koj lub tsev kuaj mob thiab/los yog tus kws kuaj hnov lus (audiologist) es yog tus kuaj qhov kev hnov lus.
- Yog tias koj muaj lus nug los yog xav tau kev pab tiv tauj mus rau lub tsev kuaj mob clinic, thov tiv tauj peb.

▪ _____

Health Care Provider, please complete this form.

Child's Name: _____ Date of Birth: _____

School Name: _____

Provider comments:

I have examined this child on ____/____/____ and find the following:

MEDICAL:

- Hearing (circle): PASS or REFER
- Medically treatable
- Not medically treatable
- Outer Ear
- Middle Ear
- Inner Ear
- Refer to Audiology

Further Comments: _____

Recommendations to support learning in the school environment: _____

AUDIOLOGICAL:

- Normal Hearing
- Conductive Hearing Loss
- Mixed Hearing Loss
- Sensorineural Hearing Loss
- Refer to Physician
- Amplification Evaluation

Further Comments: _____

Recommendations to support learning in the school environment: _____

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: _____

Daim qauv ntawm daim ntawv no yog tsim tawm los ntawm MDH es siv rau hauv cov tsev kawm ntawv.

Minnesota Department of Health
Child and Teen Checkups
651-201-3650
health.childteencheckups@state.mn.us
www.health.state.mn.us

02/2023

Kom tau cov ntaub ntawv no es yog lwm hom format, hu rau: 651-201-3650.