

Warqadda Gudbinta ee Maqalka

Magaca ilmaha: _____ Taariikhda Dhalashada: _____

Waalidka/Daryeel-bixiyaha Sharafta leh:

Dugsigeena wuxuu bixiyaha baaritaanka maqalka iyadoo la adeegsanaayo habraacyada ay soo saartay Waaxda Caafimaadka ee Minnesota. Maqalka ilmahaaga waxaa la baaray _____/_____/____ waxaana dib loo baaray _____/_____/_____.

- Ilmahaaga wax dareen ah kama muujinin dhammaan dhawaaqyada baaritaankooda maqalka. Tixraac shaxda hoose.

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

- Natiijooyinkan waxay ka dhigan yihiin in ilmahaagu u dhib ka qabo dhagaha.
- Fadlan ilmahaaga gee rugtaada caafimaadka iyo/ama dhakhtarka dhagaha (ku takhasusay maqalka) si uu eego maqalkooda.
- Haddii ilmahaagu diyaar u yahay in uu helo daryeelka dhibatooyinka maqalka ama haddii aad u baahan tahay in lagaa caawiyo in aad hesho daryeel-bixiye caafimaad, fadlan u sheeg kalkaalisada dugsiga.
- Fadlan warqaddaan oo ay ku jiraan natiijooyinka maqalka u dhiib rugta caafimaadka iyo/ama dhakhtarka dhagaha kaas oo sameynaayo baaritaanka maqalka.
- Haddii aad qabto su'aalo ama aad u baahan tahay in aad la xiriirto rug caafimaad, fadlan nala soo xiriir.
- _____

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: _____

This templated form was developed by MDH for use in schools.

Waaxda Caafimaadka ee Minnesota
Baaritaanka Caruurta iyo Dhallinta
651-201-3650
health.childteencheckups@state.mn.us
www.health.state.mn.us

12/2023

Si aad xogtaan ugu hesho qaab kale, la xiriir, call: 651-201-3650.