

# တၢ်ထံၣ် တၢ်ဆှၢ်ခိဆူညါ လံာ်ပရၢ

ဖိသၢ်အမံၤ- \_\_\_\_\_ နံၤအိၣ်ဖျဲၣ်- \_\_\_\_\_

ဆူ မိၢ်ပၢ်/ပှၤကွၢ်ထွဲဖိသၢ်အအိၣ်-

ပကူၤဟ့ၣ်လီၤဝဲ တၢ်ထံၣ်အတၢ်မၤကွၢ် ခိဖျိ ဖူးကါ မံၣ်နံၣ်စိထံၣ်ဆူၣ်ချ့ဝဲၤကျိၤ အတၢ်နံၣ်ကျဲတဖၣ်လီၤ. နဖိအတၢ်ထံၣ်န့ၣ် ဘၣ်တၢ်မၤကွၢ်အီၤဖဲ \_\_\_\_\_န့ၣ်လီၤ.

လၢကသမံသမိးကွၢ်အမဲၢ်ချံအဂီၢ် ဝံသးစူၤ လဲၤကိးဘၣ်နဖိအံၤဆူ မဲၢ်ချံကသံၣ်သရၣ်တဂၤအအိၣ်တက့ၢ်. ဟ့ၣ်လီၤ လံာ်ပရၢအံၤ ဃုာ်ဒီး ကိတၢ်ထံၣ်အတၢ်မၤကွၢ်အစၢတဖၣ် ဆူမဲၢ်ချံကသံၣ်သရၣ်အံၤတက့ၢ်.

- မဲၢ်ချံအထွဲတကပၤ 10/\_\_\_\_\_ (20/\_\_\_\_\_) မဲၢ်ချံအစ့ၣ်တကပၤ 10/\_\_\_\_\_ (20/\_\_\_\_\_) လၢတၢ်ထံၣ်အယံၤအဂီၢ်.
- နဖိအံၤဖးဝဲ လံာ်ကျိၤတဖၣ် လၢလံာ်တိၤဖျါအံၤအပူၤ လၢအသးအနံၣ်အလါအဂီၢ်တသ့ဘၣ် မ့တမ့ၢ် တၢ်လီၤဆီလိာ်သးလၢ မဲၢ်ချံအစ့ၣ်တကပၤတၢ်ထံၣ် ဒီး မဲၢ်ချံအထွဲတကပၤတၢ်ထံၣ် အဘၢၣ်စၢၤန့ၣ် အဒိၣ်န့ၣ်ဒီး လံာ်ကျိၤတကျိၤ (ဟ်ဃုာ်ဒီး) (တဟ်ဃုာ်ဒီး) မဲၢ်ထံကလၢမၤဂ့ၤထီၣ်တၢ်ထံၣ်န့ၣ်လီၤ.
- နဖိအံၤအိၣ်ဒီး တၢ်ဂ့ၢ်ကီ လၢကထံၣ်ဘၣ် တၢ်လၢအဘူးတဖၣ် (ဟ်ဃုာ်ဒီး မဲၢ်ထံကလၢ တၢ်မၤကွၢ်) န့ၣ်လီၤ.
- နဖိအံၤ တဲဖျါထီၣ်ဝဲဒၣ်လၢ တၢ်အံၤကီခဲလၢကထံၣ်ဘၣ်တၢ်ဂ့ၤဂ့ၤန့ၣ်လီၤ.
- နဖိအမဲၢ်ချံ/တဖၣ် အတၢ်အိၣ်ဖျါန့ၣ် တၢ်ထံၣ်ညီန့ၣ်အီၤ လၢဖိသၢ်အါတက့ၢ်ဘၣ်. တၢ်တဲန့ၣ်ပၢ်တၢ်-

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- ဘၣ်သ့ၣ်သ့ၣ်ကအိၣ်ဒီး မဲၢ်ချံယုာ်ညၢ်တၢ်ပၤသိးလိာ်သး တၢ်ကီတၢ်ခဲတဖၣ် (မဲၢ်ပှၤဖိတဖၣ် ကွၢ်ဝဲတၢ်လဲၤသးအကျိၤတကျိၤဖီ) ဒီး တၢ်ထံၣ်န့ၣ်တၢ်အံၤဖဲ တၢ်မၤကွၢ်အခါန့ၣ်လီၤ
  - မဲၢ်ချံအကဘျၢ် (Retinal) တဘၣ်လီၤဘၣ်စး (တၢ်ကပီၤအဂီၢ်) ကဲထီၣ်သးချ့သးဒီးလၢအတၢ်ဒၣ်ဝဲ
  - ဖိသၢ်/ဟံၣ်ဖိဖိဖိ အပူၤကွၢ်မဲၢ်ချံတၢ်အိၣ်သးတဖၣ်.

တၢ်ထံၣ် တၢ်ဆၢၤဆူညါ လံာ်ပရၢ

တၢ်သံကွၢ်မ့ၢ်အိၣ်ဒီးန့ၢ် မ့တမ့ၢ် လၢကဒီးန့ၢ်တၢ်မၤကွၢ်တခါ လၢမဲၣ်ချံၣ်တၢ်အံးထွဲကွၢ်ထွဲ  
ပှၤသ့ပှၤဘၣ်တၢ်အိၣ်အဂီၢ် နမ့ၢ်လိၣ်ဘၣ်တၢ်မၤစၢၤန့ၣ် ဝံသးစူၤဆဲးကျိးဘၣ်ပှၤတက့ၢ်.

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ဝံသးစူၤမၤ မဲၣ်ချံၣ်တၢ်အံးထွဲကွၢ်ထွဲ ပှၤသ့ပှၤဘၣ်တၢ်အံၤ မၤပဲၤ လံာ်တက့ၢ်ဒိအံၤ ဒီး ဆၢက့ၢ်  
လံာ်တက့ၢ်ဒိလၢတၢ်မၤပဲၤအီၤအံၤ ဆူန့ၣ်တက့ၢ်.

**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: \_\_\_\_\_

တၢ်ထံၣ် တၢ်ဆၢခီဆူညါ လံာ်ပရၢ

*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: \_\_\_\_\_

လံာ်တက့ၢ်ဒိအံၤ ဘၣ်တၢ်ဒုးအိၣ်ထီၣ်အီၤလၢ MDH ဒ်သီးတၢ်စူးကါအီၤ လၢကိတဖၣ်အပူၤန့ၣ်လီၤ.

မံၣ်နီၣ်စိထံၣ်ဆူၣ်ချ့ဝဲၤကျိၤ (Minnesota Department of Health)

ဖိသၣ်ဒီးပုၤလိၣ်ဘိ တၢ်သမံသမိးတဖၣ် (Child and Teen Checkups)

651-201-3650

[health.childteencheckups@state.mn.us](mailto:health.childteencheckups@state.mn.us)

[www.health.state.mn.us](http://www.health.state.mn.us)

12/2023

လၢကမၤန့ၣ် လံာ်တက့ၢ်ဒိအံၤ လၢက့ၢ်ဂီၤဒိအဂုၤအဂၤတခါအဂီၢ်, ကိးလီတဲစိ ဆူ- 651-201-3650.