

HEALTH DEPARTMENT

Brown County

610 S. BROADWAY STREET
P. O. BOX 23600
GREEN BAY, WI 54305-3600

PLEASE TAKE THIS LETTER TO
THE PHYSICIAN. THE PHYSICIAN
WILL RETURN THIS LETTER TO
OUR AGENCY.

JUDY FRIEDERICHS, R.N., B.S.N.

PHONE (920) 448-6401 FAX (920) 448-6449 TDD (920) 448-6448

www.co.brown.wi.us/health

Director

Date: _____ Student's Name: _____

School: _____ Teacher: _____ Grade: _____

Dear Parent:

Your child had his/her hearing screening in school on _____ and _____.

According to the screening criteria recommended by the hearing specialist from the Division for Learning Support Equity and Advocacy, Madison, Wisconsin, your child may have a hearing loss that is medically and educationally significant. We urge you to take your child for a medical evaluation.

Please take this letter to the physician. The physician will return this letter to our agency. This information may be shared with the school unless indicated otherwise. If you have any questions or concerns, call me at 448-6400.

Public Health Nurse
Brown County Health Department

Dear Doctor:

Please complete the section below and return the entire form to the Brown County Health Department. Feel free to contact our agency to discuss specific recommendations. **PLEASE INCLUDE AUDIOGRAM RESULTS IF DONE.**

Diagnosis: _____

Treatment: _____

(Signature)

(Date of Examination)

Name of Physician: _____
(Please print or type)

Address: _____