



Newborn Hearing Screening Results and Recommendations Form

Instructions for Staff: Complete this form and provide a copy to the caregiver/s. Newborn hearing screening results and recommendations are required to be provided to caregiver/s per [Rule 511-5-5-.06: Hearing Screening](#). Note: If you are completing an outpatient hearing re-screen, report results to DPH by faxing this form to (404) 657-2773 or email to DPH-NBS@dph.ga.gov.

Place Hospital Label Here

If the child's hospital label is not available, please complete the Infant Demographics section. **Skip** Infant Demographics if a hospital label is attached.

Congratulations on the birth of your baby!

Keep this form in a safe place and bring it to your child's first pediatrician appointment.

CHILD'S INFORMATION	
Child's Name (First and Last):	Child's Date of Birth:
HEARING SCREENING DETAILS	
Date of Test:	Name of Screener:
Type of Test [Select One]: <input type="checkbox"/> OAE <input type="checkbox"/> AABR <input type="checkbox"/> OAE + AABR	Name of Facility:
HEARING SCREENING RESULTS [Select One]	
<input type="checkbox"/> Your baby PASSED the newborn hearing screening for both ears.	
<input type="checkbox"/> Your baby FAILED the hearing screening in the Left Right Both ears (CIRCLE ONE)	
This means your baby needs more testing to determine if they have a hearing loss. This test becomes more difficult the older the baby becomes and should be completed as soon as possible (ideally before 1 month of age).	
FOLLOW-UP RECOMMENDATION [Select One]	
<input type="checkbox"/> No further testing is needed (baby <i>passed</i> for both ears). Follow-up with pediatrician for routine hearing screenings as child ages. Seek additional hearing testing if concerns of hearing loss and/or speech-language delay arise.	
Further testing is needed:	
<input type="checkbox"/> A hearing <u>re-screen</u> should be scheduled as soon as possible. (Baby <i>failed</i> one or both ears or could not be tested)	
<input type="checkbox"/> A <u>diagnostic</u> Auditory Brainstem Response should be completed as soon as possible (Baby <i>failed</i> two screens and/or has hearing loss risk factors)	
Date/Time (if scheduled): _____	
Location (if scheduled): _____	
Notes:	

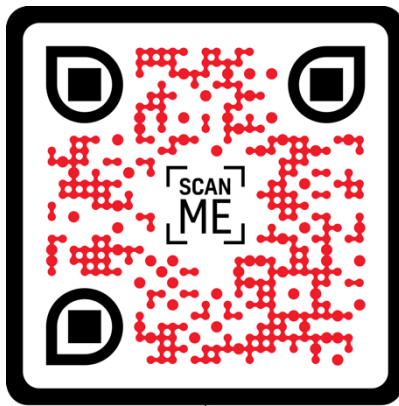
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Helpful Follow-Up Resources:

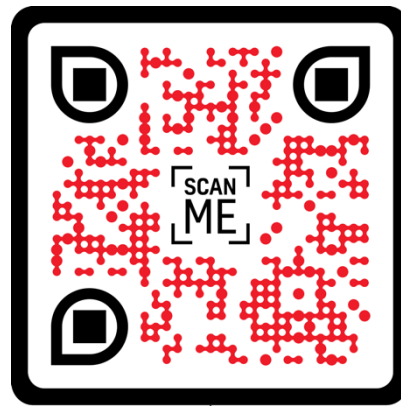
- Find a follow-up provider by visiting <https://www.gamobileaudiology.org/infanthearing>
- Visit https://sendss.state.ga.us/ords/sendss!/mch.coord_search and search "Early Hearing Detection and Intervention" (EHDI) to connect to your local EHDI coordinator. Each health district has an EHDI coordinator to assist you if additional testing is needed.

HAVE YOU HEARD



English

¿Has escuchado?



Español