



# 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](mailto: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

<b>Child's Name (First and Last):</b>	<b>Child's Date of Birth:</b>
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## HEARING SCREENING DETAILS

<b>Date of Test:</b>	<b>Screening Setting:</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	<b>Name of Screener:</b>
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<b>Type of Test [Select One]:</b> <input type="checkbox"/> OAE <input type="checkbox"/> AABR <input type="checkbox"/> OAE + AABR	<b>Name of Facility:</b>
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## HEARING SCREENING RESULTS [Select One]

Your baby PASSED the newborn hearing screening for both ears.

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]

No further testing is needed (baby *passed* 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:**

A hearing re-screen should be scheduled as soon as possible. (Baby *failed* one or both ears or could not be tested)

A diagnostic Auditory Brainstem Response should be completed as soon as possible (Baby *failed* two screens and/or has hearing loss risk factors)

*Date/Time (if scheduled):* \_\_\_\_\_

*Location (if scheduled):* \_\_\_\_\_

**Notes:**

Scan QR to find a follow-up provider at





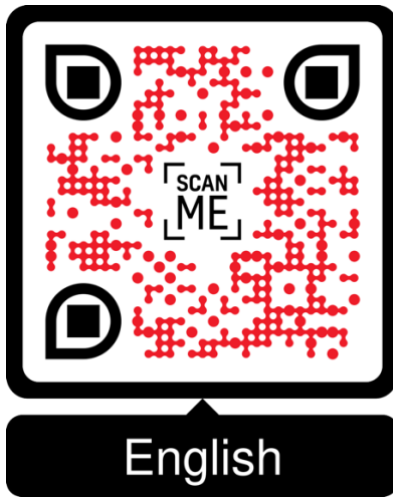
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## Helpful Follow-Up Resources

Visit [https://sendss.state.ga.us/ords/sendss!/mch.coord\\_search](https://sendss.state.ga.us/ords/sendss!/mch.coord_search) and search "Early Hearing Detection and Intervention" (EHD) to connect to your local EHD coordinator. Each health district has an EHD coordinator to assist you if additional testing is needed.

Visit <https://dhhpathways.georgia.gov/>. Georgia Pathways provides information about how to locate statewide programs and partners, access services, and obtain resources for families and professionals.

Have You Heard? Brochure



¿Has escuchado?

