



# 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			
Child's Name (First and Last):		Child's Date of Birth:	
HEARING SCREENING DETAILS			
Date of Test:	Screening Setting: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Name of Screener:	
Type of Test [Select One]: <input type="checkbox"/> OAE <input type="checkbox"/> AABR <input type="checkbox"/> OAE + AABR		Name of Facility:	
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 <b>(CIRCLE ONE)</b>			
A failed hearing screening result 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).			
If your baby failed their final hearing screening before leaving the hospital, they should receive a test for Congenital Cytomegalovirus (cCMV). See <a href="https://dph.georgia.gov/EHDI/ccmv">https://dph.georgia.gov/EHDI/ccmv</a> for more information.			
Was a Congenital Cytomegalovirus (cCMV) specimen collected?   Yes   No <b>(CIRCLE ONE)</b>			
If yes, what specimen type was collected?   Saliva   Urine   Other: _____ <b>(CIRCLE ONE)</b>			
If known, what are cCMV test results?   Negative   Positive   Inconclusive   Not Known <b>(CIRCLE ONE)</b>			
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.			
<b>Further testing is needed:</b>			
<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> inpatient and outpatient screens and/or has hearing loss risk factors)			
Date/Time (if scheduled): _____			
Location (if scheduled): _____			
<input type="checkbox"/> cCMV testing needs to be ordered and conducted prior to 21 days of life.			

Scan QR to find a follow-up provider at



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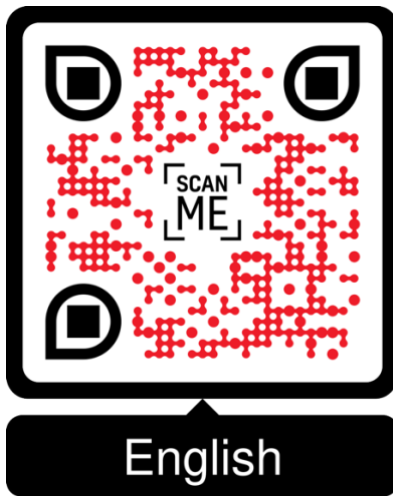
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## Helpful Follow-Up Resources

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" (EHDl) to connect to your local EHDl coordinator. Each health district has an EHDl 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?

