



Surveillance of Hearing Loss in Infants and Young Children
 Georgia's Early Hearing Detection and Intervention (EHDI) Program
 Confirmation of hearing loss for children, birth to five (OCGA 31-12-2)

Child's Name (Last)	(First)	Date of Birth: / / {MM/DD/YYYY}	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Address		City	State
Phone Number (daytime)		Language	
Emergency Contact Name (full)	Relationship	Phone Number	
Primary Care Provider Name	Primary Care Provider Practice	Phone Number	
Instructions for Use: Complete the section(s) appropriate for your evaluation and FAX to 404-657-2773. If performing re-screening due to referral from newborn hearing screening, please complete the Children 1st Screening and Referral Form. Do NOT delay complete diagnosis solely due to middle ear dysfunction.			
Date of Hearing Evaluation:			
Tympanometry: <input type="checkbox"/> 226 Hz <input type="checkbox"/> 1000 Hz Right Ear: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Left Ear: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Otoacoustic Emissions (OAEs): <input type="checkbox"/> TEOAE <input type="checkbox"/> DPOAE Right Ear: <input type="checkbox"/> Present <input type="checkbox"/> Absent Left Ear: <input type="checkbox"/> Present <input type="checkbox"/> Absent	Diagnostic Evaluation (check all that apply): <input type="checkbox"/> ABR Click <input type="checkbox"/> VRA <input type="checkbox"/> Freq Specific ABR <input type="checkbox"/> Behavioral Test <input type="checkbox"/> Masked ABR <input type="checkbox"/> Pure Tone Audiometry <input type="checkbox"/> Bone Conduction ABR <input type="checkbox"/> Other: <input type="checkbox"/> ASSR	
Diagnosis of Permanent Hearing Loss? Right Ear: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected Left Ear: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected			
Degree of Hearing Loss (Degree of Hearing Loss is based on a four-frequency pure tone average, if available): Right Ear (Degree): <input type="checkbox"/> None <input type="checkbox"/> Minimal (15-25) <input type="checkbox"/> Mild (26-40) <input type="checkbox"/> Moderate (41-55) <input type="checkbox"/> Moderately-Severe (56-70) <input type="checkbox"/> Severe (71-90) <input type="checkbox"/> Profound (>90) <input type="checkbox"/> Unable to determine Left Ear (Degree): <input type="checkbox"/> None <input type="checkbox"/> Minimal (15-25) <input type="checkbox"/> Mild (26-40) <input type="checkbox"/> Moderate (41-55) <input type="checkbox"/> Moderately-Severe (56-70) <input type="checkbox"/> Severe (71-90) <input type="checkbox"/> Profound (>90) <input type="checkbox"/> Unable to determine			
Type of Hearing Loss: Right Ear (Type): <input type="checkbox"/> Normal <input type="checkbox"/> Conductive <input type="checkbox"/> Transient Conductive <input type="checkbox"/> Permanent Conductive <input type="checkbox"/> Mixed <input type="checkbox"/> Sensorineural <input type="checkbox"/> Auditory Neuropathy/Neural Left Ear (Type): <input type="checkbox"/> Normal <input type="checkbox"/> Conductive <input type="checkbox"/> Transient Conductive <input type="checkbox"/> Permanent Conductive <input type="checkbox"/> Mixed <input type="checkbox"/> Sensorineural <input type="checkbox"/> Auditory Neuropathy/Neural			
Recommended Follow Up (check all that apply): <input type="checkbox"/> Refer to ENT, name if known: _____ <input type="checkbox"/> Hearing Aid Evaluation, Date: _____ <input type="checkbox"/> Refer for Genetics <input type="checkbox"/> Repeat Audiological Testing, Date: _____ <input type="checkbox"/> Refer to Intervention Services <input type="checkbox"/> Refer for Vision Testing <input type="checkbox"/> Refer to Family to Family Support <input type="checkbox"/> Refer for Speech and Language Evaluation <input type="checkbox"/> Refer to Part C Program (BCW) and GA PINES <input type="checkbox"/> Other: _____			

Audiologist Name (Printed): _____ **Clinic:** _____ **Phone:** _____

Comments:

Reportable Hearing Loss

Reportable hearing loss as measured and described by an audiologist or physician as a permanent (or suspected to be permanent) hearing loss, averaging 15 dB HL or greater in either or both ears, in the frequency region 500 Hz – 4000 Hz. Cases of hearing loss in newborns and children through 5 years, must be reported to Public Health within 7 days of diagnosis. (OCGA 31-12-2)

Case Definition of Confirmed Hearing Loss in Newborns and Children through Age 5 Years:

Reportable hearing loss is defined as hearing loss measured and described by an audiologist or physician as a permanent (or suspected to be permanent) hearing loss, averaging 15 dB HL or greater in either or both ears (unilateral or bilateral), in the frequency region important for speech recognition (500 Hz – 4000 Hz). Severity of the hearing loss shall be defined on the basis of the following measured or described hearing threshold levels:

Minimal Hearing Loss: 15 to 25 dB Moderate Hearing Loss: 41 to 55 dB Severe Hearing Loss: 71 to 90 dB
Mild Hearing Loss: 26 to 40 dB Moderately Severe Hearing Loss: 56 to 70 dB Profound Hearing Loss: > 90 dB

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