



Surveillance of Hearing Loss in Infants and Young Children Georgia's Early Hearing Detection and Intervention (EHDI) Program

Instructions: Cases of hearing loss in newborns and children through age 5 must be reported to DPH within 7 days of diagnosis (OCGA 31-12-2). The preferred method of reporting is through SendSS. Use this form only during SendSS system downtime. Submit by fax to (404) 657-2773 or email DPH-NBS@dph.ga.gov.

CHILD INFORMATION				
Child's Name (Last)	Child's Name (First)	Date of Birth (MM/DD/YYYY):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		City	State	ZIP
Caregiver/Guardian Name	Relationship	Caregiver/Guardian Phone Number		
Primary Care Physician and Practice Name		Physician Phone Number		
HEARING EVALUATION RESULTS				
Date of Evaluation:	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	Tympanometry: <input type="checkbox"/> 226 Hz <input type="checkbox"/> 1kHz 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"/> ASSR <input type="checkbox"/> ABR Click <input type="checkbox"/> Tone Burst ABR <input type="checkbox"/> Masked ABR <input type="checkbox"/> Bone Conduction ABR <input type="checkbox"/> VRA <input type="checkbox"/> Behavioral audiometry <input type="checkbox"/> Pure Tone Audiometry <input type="checkbox"/> Other:		
Degree of Hearing Loss (Degree of hearing loss is based on a four-frequency pure tone average, if available):				
Right Ear: <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: <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: <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: <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"/> Repeat audiological testing, Date: <input type="checkbox"/> Hearing aid evaluation, Date: <input type="checkbox"/> Refer to Part C Program (Babies Can't Wait) <input type="checkbox"/> Refer to GA PINES		<input type="checkbox"/> Refer to family-to-family support <input type="checkbox"/> Refer for speech-language evaluation <input type="checkbox"/> Refer for genetic testing <input type="checkbox"/> Refer for vision testing <input type="checkbox"/> Other:		
Comments:				
Audiologist Name (Printed):		Phone:	Clinic Name:	

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)

Georgia Department of Public Health - EHDI Program
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