Newborn Hearing Screening Results and Recommendations Form

GEORGIA DEPARTMENT OF PUBLIC HEALTH

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:	**Screening Setting:** □ Inpatient □ Outpatient	**Name of Screener:**
Type of Test [Select One): □ OAE □ AABR □ OAE + AABR		**Name of Facility:**

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)**

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 https://dph.georgia.gov/EHDI/ccmv for more information.

Was a Congenital Cytomegalovirus (cCMV) specimen collected? Yes No **(CIRCLE ONE)**

If yes, what specimen type was collected? Saliva Urine Other: _____ **(CIRCLE ONE)**

If known, what are cCMV test results? Negative Positive Inconclusive Not Known **(CIRCLE ONE)**

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* inpatient *and* outpatient screens and/or has hearing loss risk factors)

Date/Time (if scheduled): _____

Location (if scheduled): _____

☐ cCMV testing needs to be ordered and conducted prior to 21 days of life.

Scan QR to find a follow-up provider at Georgia Mobile Audiology

SCAN ME

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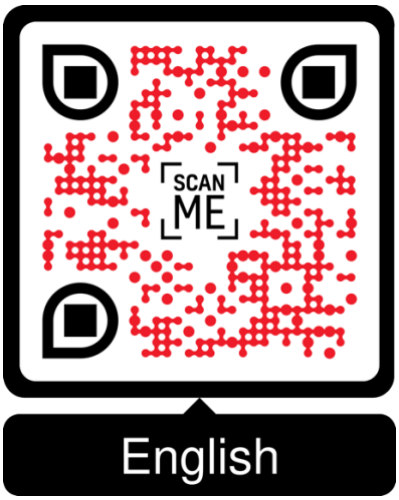
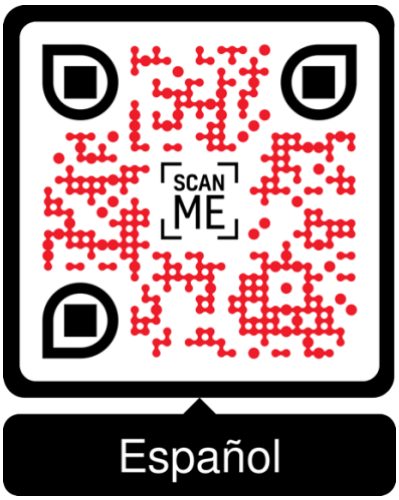
Helpful Follow-Up Resources

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.

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?