



## Hearing Screen Results Form

Only use this form when reporting hearing screening results for babies **NOT** born in Florida. All other hearing screening results are reported online via the state of Florida eReports system. For access to the online eReports system, send an email request to [eReports@flhealth.gov](mailto:eReports@flhealth.gov).

### Baby's Information: *(Please Print)*

Baby's First and Last Name: \_\_\_\_\_

Baby's Date of Birth (MM/DD/YY) \_\_\_\_\_

What state was baby born? \_\_\_\_\_

Where was baby born: *(Check One)*

Hospital     Birthing Center     Home

Name of hospital or birth center: \_\_\_\_\_

### Hearing Screening Results:

Date of Hearing Screen \_\_\_\_\_  
MM/DD/YY

#### Right Ear

\_\_\_\_\_ Pass  
\_\_\_\_\_ Fail/Refer

#### Left Ear

\_\_\_\_\_ Pass  
\_\_\_\_\_ Fail/Refer

### Final Screening Method(s) used:

#### Right Ear

\_\_\_\_\_ OAE  
\_\_\_\_\_ AABR

#### Left Ear

\_\_\_\_\_ OAE  
\_\_\_\_\_ AABR

### Hearing Risk Factors *(Check all that apply)*

- \_\_\_\_\_ Family history (blood relative with permanent hearing loss in early childhood)  
\_\_\_\_\_ PPHN  
\_\_\_\_\_ ECMO  
\_\_\_\_\_ Exchange transfusion for hyperbilirubinemia  
\_\_\_\_\_ Birth weight less than 1500 grams  
\_\_\_\_\_ NICU (>5 days)

\_\_\_\_\_  
Person Completing Form

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Phone Number

**Fax completed form to Florida NBHS/EHDI Program at 850-245-4049**