

Pennsylvania Department of Health

MONTHLY REPORT NEWBORN HEARING SCREENING PROGRAM

Instructions: Refer to Screening Facility/Medical Record Copy of the Newborn Hearing Screening Reporting Form to compile statistical information for this Monthly Report.

| | | | |
|-----------------|--|---------------------|--|
| Hospital | | 4-Digit Code | |
|-----------------|--|---------------------|--|

| Calendar Year | | 20 | | | | | |
|----------------------|----------------------|---|---|---|-------------------------------------|--|---|
| Month | # Live Births | # Newborns screened prior to discharge | # Not receiving initial screening* | # Families refusing initial screen | # Not passing initial screen | # Receiving follow-up rescreening | # Not passing follow-up rescreen |
| January | | | | | | | |
| February | | | | | | | |
| March | | | | | | | |
| April | | | | | | | |
| May | | | | | | | |
| June | | | | | | | |
| July | | | | | | | |
| August | | | | | | | |
| September | | | | | | | |
| October | | | | | | | |
| November | | | | | | | |
| December | | | | | | | |

***Includes infants who did not receive initial screening for all reasons, including, but not limited to, family refusal, transfer to tertiary care centers, etc.**

Note: Revisions to previous month figures already submitted may be made using this form.

Include notation to the effect that the figures contain revisions for a previous month.

Submit this report by the 15th of every month by mail, by fax or by e-mail to: Newborn Hearing Screening Program Administrator, PA Department of Health, Division of Newborn Disease Prevention and Identification, 7th Floor East Wing, Harrisburg, PA 17120; or by Fax: (717) 705-9386 or; by e-mail: nbhs@state.pa.us

You may contact the Newborn Hearing Screening Program at: **717-783-8143**