

Out-of-Hospital Birth Monthly Report– Newborn Hearing Screening Program

Birth Center Name:		Serial Number of Screening Machine:	
Name of Person Preparing This Report:			
Mailing Address of Person Preparing This Report:			
Telephone Number of Person Preparing This Report:		Email Address of Person Preparing This Report:	
THIS REPORT IS FOR CALENDAR YEAR:		20	

Month	Number of Live Births	Number of Newborns receiving an initial screening	Number of Newborns not passing an initial screening	Number of Newborns Not Receiving an Initial Screening Because: ¹			Number of Newborns receiving a follow-up rescreening	Number of Newborns not passing a follow-up rescreening
				Family Refused	Newborn transferred to a Hospital	Other Reasons		
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

Note: Revisions to previous month figures already submitted may be made using this form. Include a notation to the effect that the figures contain revisions for a previous month(s).

Submit this report by the 15th of every month by mail, fax or 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; fax: (717) 705-9386; e-mail: nbhs@state.pa.us.

If you have any questions about the Newborn Hearing Screening Program please feel free to contact us at: Phone, 717-783-8143; or, by Fax 717-705-9386

¹ *Includes infants who did not receive initial screening for all reasons, including, but not limited to family refusal, newborn transferred to a hospital or other miscellaneous reasons.