

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	
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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**