

Hearing Screening and Pulse Oximetry Results Report Form for Out-Of-Hospital Births

Minnesota Newborn
Screening Program



FAX result report to MDH at 651-215-6285 within 48 hours of screening

Patient Information:

Infant's Name:

Infant's DOB:

Mother's Name:

Midwifery Practice (name/location):

Hearing Screening Results:

Initial

Rescreen

Hearing rescreen results completed at a later date should be reported using this same form at the time of the rescreen.

Date of Screening:

Right Ear:

Pass

Refer

Left Ear:

Pass

Refer

If one or both ears do not pass the Rescreen, please indicate scheduled diagnostic appointment information (date and location) in the comments section

Pulse Oximetry Screening Results:

Date of Screening:

1st Screen Result:

2nd Screen Result: *(if applicable)*

3rd Screen Result: *(if applicable)*

Hand (Sat Value):

Hand (Sat Value):

Hand (Sat Value):

Foot (Sat Value):

Foot (Sat Value):

Foot (Sat Value):

Additional Comments: