HEARING SCREENING LOG SHEET

Infant Information Here (Printed label here)	**Screen Date**	**R Ear Result**	**L Ear Result**	**Screener Initials**	**If REFER at discharge, schedule RESCREEN: Date and Location**	**Risk Factors for Hearing Loss**	**Parents told of Result**	**Result sent to PCP**	**Result sent to MDH**
	1)				Date:	__ Family history of hearing loss __ Apgar less than 5 @ 1 min __ Apgar less than 7 @ 5 min __ Ototoxic Meds > 5 days __ Craniofacial abnormalities __ Syndrome: ______________	Yes: ☐	Yes: ☐	Yes: ☐
	2)				Location:		No: ☐	No: ☐	No: ☐
	1)				Date:	__ Family history of hearing loss __ Apgar less than 5 @ 1 min __ Apgar less than 7 @ 5 min __ Ototoxic Meds > 5 days __ Craniofacial abnormalities __ Syndrome: ______________	Yes: ☐	Yes: ☐	Yes: ☐
	2)				Location:		No: ☐	No: ☐	No: ☐
	1)				Date:	__ Family history of hearing loss __ Apgar less than 5 @ 1 min __ Apgar less than 7 @ 5 min __ Ototoxic Meds > 5 days __ Craniofacial abnormalities __ Syndrome: ______________	Yes: ☐	Yes: ☐	Yes: ☐
	2)				Location:		No: ☐	No: ☐	No: ☐
	1)				Date:	__ Family history of hearing loss __ Apgar less than 5 @ 1 min __ Apgar less than 7 @ 5 min __ Ototoxic Meds > 5 days __ Craniofacial abnormalities __ Syndrome: ______________	Yes: ☐	Yes: ☐	Yes: ☐
	2)				Location:		No: ☐	No: ☐	No: ☐
	1)				Date:	__ Family history of hearing loss __ Apgar less than 5 @ 1 min __ Apgar less than 7 @ 5 min __ Ototoxic Meds > 5 days __ Craniofacial abnormalities __ Syndrome: ______________	Yes: ☐	Yes: ☐	Yes: ☐
	2)				Location:		No: ☐	No: ☐	No: ☐