Notification of Newborn Hearing Screening Appointment

Baby’s First and Last Name: ________________________________

Baby’s Date of Birth: ________________________________

Midwife’s Name: ________________________________

Your baby’s newborn hearing screening appointment:

Date: ____/____/_______ (MM/DD/YYYY)
Time: __________________ AM/PM
Clinic Name: ________________________________
Clinic Phone: ________________________________

Every year, about 1 in 300 babies in Minnesota is born with a hearing loss that can be found by newborn hearing screening. Screening and follow-up testing is the ONLY way to find hearing loss early and begin interventions to prevent speech and language delays. You can make a difference by making sure your baby has a hearing screening completed before one month of age!

Midwives:

Please give this form to the parent and mail or fax a copy of this completed form to the Newborn Screening Program within 10 days of baby’s date of birth.

*If the baby’s family refused newborn screening, make sure to have them sign the refusal form found on our website and send it to the Newborn Screening Program promptly.

Got a smart phone or other device?
Scan here to visit our website!