

Notification of Newborn Hearing Screening Appointment

Minnesota Newborn Screening Program



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?

