

Notification of Newborn Hearing Screening Appointment

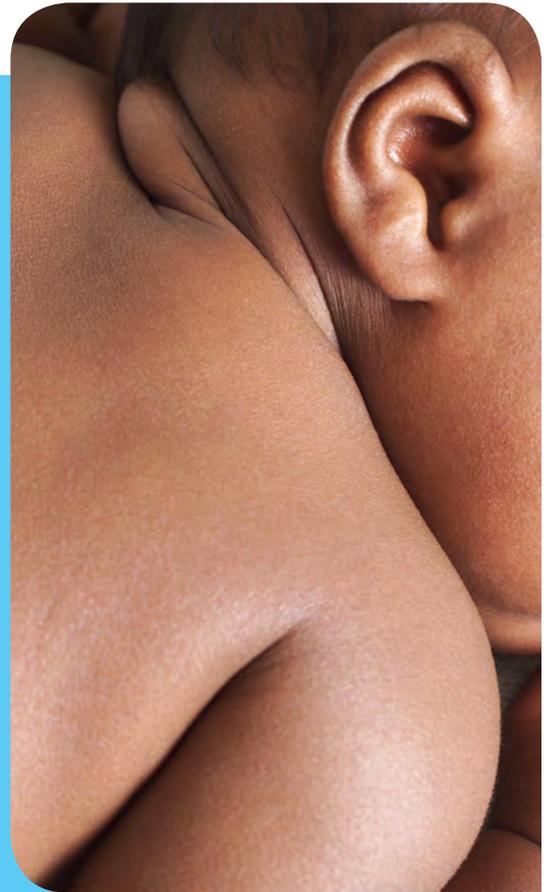


Baby's First and Last Name: _____

Baby's Date of Birth: _____

Midwife's Name: _____

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 this baby has a hearing screening completed before one month of age!



1 This baby is scheduled to have a newborn hearing screening performed at the following location:

2 This baby's newborn hearing screening appointment is scheduled on the following date:

3 Please mail or fax 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.*



IC# 141-3712 Rev: 05/2014

Newborn Screening Program

601 Robert St. N., St. Paul, MN 55155

Phone (800) 664-7772 Fax (651) 215-6285

Website: www.health.state.mn.us/newbornscreening

EHDI Website: www.improveehdi.org/mn

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