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.

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