



Virginia Early Hearing Detection & Intervention Program
Hospital Hearing Screening Reporting Form

(Use as directed by VDH ONLY for Infants transferred from Out of State)

A -> Infant Information: Date of Birth: / / (MM / DD / YYYY)

Infant's LAST Name: FIRST Name: MIDDLE Name: Gender:
Reporting Facility: Date of Discharge _/ _/ _ Birth Facility _____

B -> Primary Contact: Relationship to Infant: MOTHER

Contact's LAST Name: FIRST Name: MIDDLE Name: Maiden Name:
Street Address: City: State: Zip:
Phone Number: () Primary Language:

C -> Infant's Primary Medical Care Provider: Practice Name: _____

Provider's LAST Name: FIRST Name: Phone:
Street Address: City: State: Zip:

D -> Screening Results: Date of Screening / / (MM / DD / YYYY)

Test: [] ABR [] Automated ABR [] DPOAE [] Automated DPOAE [] TEOAE [] Automated TEOAE

Table with 2 main columns: Right Ear and Left Ear. Each column has 4 sub-columns: Pass, Pass with Risk, Fail, Missed.

Risk Indicators for Progressive or Delayed-Onset Sensorineural and/or Conductive Hearing Loss

- 1. Family History of permanent childhood hearing loss : [] Mother of child [] Father of child [] Brother of child [] Sister of child [] Grandfather of child [] Grandmother of child [] Aunt of child [] Uncle of child [] 1st cousin of child [] More than one relative of the same parent
2. Stigmata or other findings associated with a syndrome known to include a sensorineural or conductive hearing loss or Eustachian tube dysfunction : [] Branchio-oto-renal (BOR) [] CHARGE association [] Goldenhar (oculo-auriculo-vertebral or OAV) [] Noonan [] Pierre Robin [] Rubenstein-Taybi [] Stickler [] Trisomy 21 [] Trisomy 18 [] Trisomy 13 [] Trisomy 9 [] Trisomy 8 [] Williams [] Zellweger
3. Postnatal infections associated with sensorineural hearing loss : [] Confirmed Bacterial meningitis [] Confirmed Viral meningitis
4. In utero infections : [] Cytomegalovirus [] Herpes [] Rubella [] Syphilis [] Toxoplasmosis
5. NEONATAL INDICATORS : [] Intensive care greater than (>) 5 days [] Extracorporeal membrane oxygenation (ECMO) [] Assisted ventilation [] Exposure to ototoxic medications [] Hyperbilirubinemia requiring exchange transfusion
6. Syndromes associated with progressive hearing loss such as : [] Neurofibromatosis [] Osteopetrosis [] Usher [] Jervell [] White Forelock [] Alport [] Waardenburg [] Pendred [] Lange-Nielson
7. Neurodegenerative disorders, such as : [] Hunter syndrome [] Friedreich's ataxia [] Charcot-Marie-Tooth syndrome
8. Head Trauma requiring hospitalization : [] Basil Skull/Temporal Bone Fracture [] Other - specify if chosen: _____
9. Parental or caregiver concern regarding hearing, speech, language, and or developmental delay : _____
10. Craniofacial Anomalies : [] Pinna [] Temporal Bone anomalies [] Atresia of the ear [] Choanal Atresia [] Microtia [] Cleft palate
11. Chemotherapy : [] Toxic chemotherapy [] Other - specify if chosen: _____

Return form to: VDH, Virginia EHDI Program, P.O. Box 2448, Richmond, VA 23218 or Fax to 864-7771