

# Michigan Early Hearing Detection and Intervention (EHDI) Program Hearing Screening Report

## Fax to 517-763-0183

### If this is a Rescreen:

1. Always screen both ears, even if only one ear failed on the initial screen.
2. Report **ALL** screens on babies under one year of age.
3. Both ears **must pass** at the same time for a "pass" result.
4. If a child has two fail screens (either one or both ears), refer the child to a Pediatric Audiologist for a diagnostic test.

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Male  Female Twin:  A  B

Birth Date: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Screen Results

(Recommended within 1 month of age)  
Type of Screen:  A-ABR  DPOAE

Date: \_\_\_\_\_

Results: **Left Ear**  Pass  Fail/Refer **Right Ear**  Pass  Fail/Refer

Please assist parents in setting up a diagnostic appointment after two failed screens  
(prescription and/or referral may be necessary).

If refer, date diagnostic evaluation scheduled: \_\_\_\_\_ Where: \_\_\_\_\_

### Assessment Site Information

Test performed by: \_\_\_\_\_ Site Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Babies that have an initial A-ABR screen must be rescreened with A-ABR.

### For questions, contact:

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