Utah Department of Health & Human Services

Utah newborn hearing screening & CCHD ***weekly*** reporting form

Please print clearly and fill out all that apply

Rev 5/1/25

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Midwife	**Screener**	**Facility**	**Date**

Baby info	Mom info	Initial screen/ rescreen ★Both ears must be tested on rescreen	RIGHT ear	LEFT ear	**Baby's MD & CMV** ★**FILL OUT if 2 Refers or 1st Refer is after 14 days of age**	**CCHD screening results
Baby name: Baby DOB: Gender: Blood spot kit number:	Mom's name: Mom's DOB: Phone: Address:	Initial date: ________ Rescreen date: ________	Pass ☐ Refer ☐ Pass ☐ Refer ☐	Pass ☐ Refer ☐ Pass ☐ Refer ☐	Name: Facility: CMV discussed: Yes ☐ No ☐ CMV ordered*: Yes ☐ No ☐	**Date / Time / R Hand / Foot / Result** **1st** — **P F RS** **2nd** — **P F RS** **3rd** — **P F** (Pass, Fail, Rescreen) Not screened reason ________ Echo date & time ________ ________
Baby name: Baby DOB: Gender: Blood spot kit number:	Mom's name: Mom's DOB: Phone: Address:	Initial date: ________ Rescreen date: ________	Pass ☐ Refer ☐ Pass ☐ Refer ☐	Pass ☐ Refer ☐ Pass ☐ Refer ☐	Name: Facility: CMV discussed: Yes ☐ No ☐ CMV ordered*: Yes ☐ No ☐	**Date / Time / R Hand / Foot / Result** **1st** — **P F RS** **2nd** — **P F RS** **3rd** — **P F** (Pass, Fail, Rescreen) Not screened reason ________ Echo date & time ________ ________
Baby name: Baby DOB: Gender: Blood spot kit number:	Mom's name: Mom's DOB: Phone: Address:	Initial date: ________ Rescreen date: ________	Pass ☐ Refer ☐ Pass ☐ Refer ☐	Pass ☐ Refer ☐ Pass ☐ Refer ☐	Name: Facility: CMV discussed: Yes ☐ No ☐ CMV ordered*: Yes ☐ No ☐	**Date / Time / R Hand / Foot / Result** **1st** — **P F RS** **2nd** — **P F RS** **3rd** — **P F** (Pass, Fail, Rescreen) Not screened reason ________ Echo date & time ________ ________

Please submit results WEEKLY to ehdi@utah.gov or fax to 801-536-0492***UDATED 5/1/25 NOTE CHANGES

*Use UDHHS CMV & ABR Testing Order Form

**CCHD screening is completed on RIGHT HAND and EITHER FOOT. Repeat screening for newborn with a RESCREEN result in ONE HOUR. If the 3rd result is a RESCREEN, proceed to fail.