

Hawai'i Department of Health  
Newborn Hearing Screening Program (NHSP)  
1350 South King Street, Suite 200  
Honolulu, HI 96814  
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### HEARING SCREENING TRANSFER/REFUSAL

**Instructions:** Please send or fax completed form to NHSP. See instruction in the back.

**\*\*This confidential information is used only for screening follow-up and statistical purposes.\*\***

**A. Prepared by:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birth Location: \_\_\_\_\_ Birth Weight: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Gender:  Boy  Girl

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Second Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Baby's Doctor: \_\_\_\_\_

Birth Order:  Single Birth or Twin, etc.  A  B  \_\_\_\_\_

Insurance: \_\_\_\_\_

**B. Transferred:** To be completed if baby is transferred to another hospital or health care provider before completing hearing screening in both ears.

Transferred to: \_\_\_\_\_ City/State: \_\_\_\_\_

**C. Family Refusal:** To be signed by family if newborn hearing screening is refused.

I understand that:

- Hearing loss can cause a baby to have delays in talking and learning.
- Babies with hearing loss do best if they receive help before six months of age.
- A simple screening test can show if my baby hears clearly enough to learn to talk.
- State law allows me to refuse hearing screening if it conflicts with my religious beliefs.

My decision to refuse hearing screening was made freely, without force or encouragement from my health care provider, birth attendant, hospital staff or any State official.

\_\_\_\_\_  
Mother, Father, or Legal Guardian Signature

\_\_\_\_\_  
Date Signed

#### **D. Homebirths Only:**

I give permission to NHSP staff to contact me for screening follow-up. Yes \_\_\_ No \_\_\_ Initial: \_\_\_\_\_  
Instruction to Complete Hearing Screening Transfer/Refusal Form:

#### **HOMEBIRTHS:**

1. Complete form if:
  - (a) baby is transferred to a medical facility
  - (b) parents refuse screening or
  - (c) parents give permission to NHSP staff to contact for screening follow- up
2. Complete Part A
3. Complete Part B if baby is transferred to a medical facility at birth
4. Complete Part C if parent refuses hearing screening, **obtain parents' signature**
5. Complete Part D to obtain permission for NHSP staff to contact parent
6. Send or fax forms to NHSP within 2 weeks after birth

#### **HOSPITAL BIRTHS:**

1. Complete form only if baby is transferred to another facility or if parent refuses screening
2. Complete Part A
3. Complete Part B if baby is transferred to another facility
4. Complete Part C if parent refuses screening, **obtain parent's signature**
5. Send or fax form to NHSP within 2 weeks after birth or after baby is transferred