

**Hawai'i State Department of Health
Newborn Hearing Screening Program (NHSP)
741 Sunset Ave. | Honolulu, Hi. 96816
Ph: 808-733-9052 | Fax: 808-733-9068**

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 Other: _____

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:

HOME BIRTHS:

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. Email 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. Email or fax form to NHSP within 2 weeks after birth or after baby is transferred