



*Affix Patient Label*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## Refusal of the Newborn Hearing Screen

I have been informed that newborn hearing screening is required for all babies born in the State of Michigan. The American Academy of Pediatrics recommends newborn hearing screening.

I have been given Michigan's Newborn Hearing Screen Brochure. I have discussed newborn screening with my baby's doctor, midwife, or other healthcare provider. Early detection and treatment is important.

### Why have my baby screened?

I know that the screening is done for early detection of hearing loss. Hearing loss can affect my child's ability to talk and understand what others are saying.

### Who does the screening?

Pediatric Medical Group does the screening for Bronson. They have staff trained to do the screening.

### Will it be painful?

The screen is best if baby is sleeping or lying still. The baby will have no pain from the hearing screen.

### What are the risks of not having a hearing screen?

Without a newborn screen, hearing problems may not be found until the child is 2-3 years old. Speech and language skills would be delayed. Developmental and social problems may occur.

I have been told of the risks and benefits of having a hearing screen for my newborn. I feel all my questions have been answered. I would like to **refuse** to have a hearing screen performed on my baby to determine if he/she might have a hearing loss.

\_\_\_\_\_  
*Signature (Mother/guardian)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Time*

\_\_\_\_\_  
*Signature (Physician)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Time*