



Division of Public Health  
Georgia Department of Human Resources

Universal Newborn Hearing Screening and Intervention (UNHSI) Program

## Surveillance of Hearing Impairment in Infants and Young Children

Confirmation of Diagnosis of Infant/Child Hearing Impairment Worksheet for Audiologists/Physicians

**Child Information:**

<b>First Name:</b> _____ <b>M.I. :</b> _____ <b>Last Name:</b> _____			
<b>Street Address:</b> _____			<b>City:</b> _____
<b>County:</b> _____		<b>State:</b> _____	<b>ZipCode:</b> _____
<b>Home Phone:</b> (     ) _____		<b>Parent/Guardian Name:</b> _____	
<b>Date of Birth:</b> _____/_____/_____ mm/dd/yyyy	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<b>Hispanic/Latino:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Race (select all that apply):</b> <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown
<b>Date Referred for Diagnosis:</b> /     /		<b>Date Appointment Held:</b> /     /	

**Submitting Provider Information – Audiologist or Physician: (stamp is acceptable)**

<b>Last Name:</b> _____		<b>First Name:</b> _____	
<b>Name of Practice:</b> _____			
<b>Street Address:</b> _____			
<b>City:</b> _____		<b>State:</b> _____	<b>ZipCode:</b> _____
<b>Phone:</b> (     ) _____ - _____		<b>Fax:</b> (     ) _____ - _____	

**Check All Diagnostic Tests Performed:**

ABR	OAE	Tympanometry	Behavioral
<input type="checkbox"/> ABR Click Threshold	<input type="checkbox"/> DPOAE	<input type="checkbox"/> High Frequency	<input type="checkbox"/> Bone Conduction
<input type="checkbox"/> Frequency Specific ABR	<input type="checkbox"/> TEOAE	<input type="checkbox"/> Low Frequency	<input type="checkbox"/> Pure Tone Audiometry
<input type="checkbox"/> ABR Bone Conduction			<input type="checkbox"/> Behavioral Test
<input type="checkbox"/> Masked ABR			Specify Test:
<input type="checkbox"/> Other, Specify:			

**Results:**

Hearing Impairment Left Ear		Hearing Impairment Right Ear	
Degree	Type	Degree	Type
<input type="checkbox"/> None	<input type="checkbox"/> Normal	<input type="checkbox"/> None	<input type="checkbox"/> Normal
<input type="checkbox"/> Minimal (15–25dB)	<input type="checkbox"/> Conductive	<input type="checkbox"/> Minimal (15–25dB)	<input type="checkbox"/> Conductive
<input type="checkbox"/> Mild (26-40dB)	<input type="checkbox"/> Mixed	<input type="checkbox"/> Mild (26-40dB)	<input type="checkbox"/> Mixed
<input type="checkbox"/> Moderate (41-55dB)	<input type="checkbox"/> Sensorineural	<input type="checkbox"/> Moderate (41-55dB)	<input type="checkbox"/> Sensorineural
<input type="checkbox"/> Moderately Severe (56-70dB)	<input type="checkbox"/> Auditory	<input type="checkbox"/> Moderately Severe (56-70dB)	<input type="checkbox"/> Auditory
<input type="checkbox"/> Severe (71-90dB)	Neuropathy	<input type="checkbox"/> Severe (71-90dB)	Neuropathy
<input type="checkbox"/> Profound (>90dB)		<input type="checkbox"/> Profound (>90dB)	

**Name of Reporter:** \_\_\_\_\_ **Date of Report:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Questions about reporting on this form? Call the Georgia UNHSI Program at 404-657-4143.

## Case Definition of Confirmed Hearing Impairment in Newborns and Children through Age 5 Years:

For the purposes of this surveillance, reportable hearing impairment is defined as hearing impairment measured and described by an audiologist or physician as a permanent (or suspected to be permanent) hearing loss whether sensory, sensory-neural, or conductive in nature, averaging 15 dB HL or greater in either or both ears (unilateral or bilateral), in the frequency region important for speech recognition (500 Hz – 4000 Hz). For infants and young children for whom pure tone results cannot be determined, the description by the audiologist of the hearing loss may be based on results from Georgia's recommended diagnostic protocols (see Georgia's Universal Newborn Hearing Screening and Intervention Initiative – Recommended Guidelines). Severity of the hearing impairment shall be defined on the basis of the following measured or described hearing threshold levels\*:

Minimal Hearing Loss: 15 to 25 dB	Moderate Hearing Loss: 41 to 55 dB	Severe Hearing Loss: 71 to 90 dB
Mild Hearing Loss: 26 to 40 dB	Moderately Severe Hearing Loss: 56 to 70 dB	Profound Hearing Loss: > 90 dB

\*Modified from levels defined in the Yoshinaga-Itano, Sedey, Coulter and Mehl research study (Language of Early- and Later-Identified Children with Hearing Loss, *Pediatrics*, Vol. 102, No. 5, November, 1998).

### Case Status:

**Confirmed:** A diagnosis of hearing impairment (ICD-9 codes 389.0 through 389.9) confirmed by a licensed audiologist or physician according to the case definition above is reportable.

**Suspect:** A 'refer' result on an initial newborn hearing screening or a follow-up hearing screening with a newborn (by either AABR or AOA) in either ear or both ears is reportable.

**Reporting Procedures:** Initial diagnosis of hearing loss that is determined or suspected to be permanent and/or progressive in nature in children up to age 5 is reportable by law (OCGA 31-12-2) to Public Health. Suspect and confirmed cases of hearing loss in newborns must be reported to Public Health through the Children 1<sup>st</sup> program within 7 days of screening or confirmatory diagnosis. Initial diagnosis of hearing loss that is determined or suspected to be permanent and/or progressive in nature in children up to age 5 is also reportable within the 7-day time frame. The Children 1<sup>st</sup> Screening and Referral Form should be completed for each suspect case of hearing loss in newborns and should be mailed or faxed to the district Children 1<sup>st</sup> Coordinator (based on the county of residence of the child) within 7 days of screening. The Confirmatory Diagnosis Form should be completed for each diagnosed case of hearing loss in children up to age 5 and mailed (in an envelope marked confidential) or faxed (with a cover sheet marked confidential) directly to the district Children 1<sup>st</sup> Coordinator within 7 days of confirmatory diagnosis, or, if the county of residence of the child is unknown, the form should be mailed or faxed to the state Universal Newborn Hearing Screening and Intervention (UNHSI) program. Forms may be reproduced or requests for additional forms downloaded from the web at <http://health.state.ga.us/programs/child/index.shtml>.

Northwest GA Health District (1-1)  
501 Broad St., Suite 211  
Rome, GA 30161  
Phone (706) 802-5076  
FAX (706) 802-5309  
*Counties Served: Bartow, Catoosa, Chattooga, Dade, Floyd, Gordon, Haralson, Paulding, Polk, Walker,*

North GA Health District (1-2)  
100 West Walnut Ave., Suite 92  
Dalton, GA 30720  
Phone (888) 276-1558  
FAX (706) 272-2266  
*Counties Served: Cherokee, Fannin, Gilmer, Murray, Pickens, Whitfield*

North Health District (2)  
1856 Thompson Bridge Road  
Suite 103  
Gainesville, GA 30501  
Phone (770) 535-6907  
FAX (770) 538-2784  
*Counties Served: Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, White*

Cobb/Douglas Health District (3-1)  
1650 County Services Parkway  
Marietta, GA 30008  
Phone (770) 514-2460  
FAX (770) 514-2742  
*Counties Served: Cobb, Douglas*

Fulton Health District (3-2)  
151 Ellis Street, Suite 150  
Atlanta, GA 30303  
Phone (404) 730-8770  
FAX (404) 730-8781  
*Counties Served: Fulton*

Clayton County Health District (3-3)  
1380 Southlake Plaza Drive  
Morrow, GA 30260  
Phone (770) 961-1330  
FAX (770) 961-8370  
*Counties Served: Clayton*

East Metro Health District (3-4)  
324 West Pike Street  
Lawrenceville, GA 30046-0897  
Phone: (678) 442-6894  
FAX (770) 963-1418  
*Counties Served: Gwinnett, Rockdale, Newton*

DeKalb Health District (3-5)  
30 Warren Street  
Atlanta, GA 30317  
Phone (404) 370-7366  
FAX (404) 370-4643  
*Counties Served: DeKalb*

LaGrange Health District (4)  
122 Gordon Commercial Drive  
Suite A  
LaGrange, GA 30240  
Phone (706) 845-4035  
FAX (706) 845-4038  
*Counties Served: Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, Upson*

South Central Health District (5-1)  
524 Academy Ave.  
Dublin, GA 31021  
Phone (478) 275-6844  
FAX (478) 274-7893  
*Counties Served: Bleckley, Dodge, Johnson, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wheeler, Wilcox*

North Central Health District (5-2)  
811 Hemlock Street  
Macon, GA 31201  
Phone (478) 751-6179  
FAX (478) 751-6429  
*Counties Served: Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, Wilkinson*

East Central Health District (6)  
1916 North Leg Road  
Augusta, GA 30909  
Phone: (706) 667-4757  
FAX (706) 667-4555  
*Counties Served: Burke, Columbia, Emanuel, Glascock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Wilkes*

West Central Health District (7)  
705 17th Street, Suite 207  
Columbus, GA 31902  
Phone: (706) 327-0951  
FAX (706) 327-1355  
*Counties Served: Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster*

South Health District (8-1)  
2700 N. Oak Street Bldg. B  
Valdosta, GA 31602  
Phone: (800) 316-8044,  
FAX (229) 293-6292  
*Counties Served: Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift, Turner*

Southwest GA Health District (8-2)  
1306 South Slappy Blvd., Suite A –  
Colony Square So.  
Albany, GA 31701  
Phone: (800) 430-4212,  
FAX (229) 430-1379  
*Counties Served: Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth*

East Health District (9-1)  
11706 Mercy Blvd., Bldg. 8  
Savannah, GA 31419  
Phone: (912) 921-7478,  
FAX (912) 927-5380  
*Counties Served: Chatham, Effingham*

Southeast Health Unit (9-2)  
1718 Reynolds Street,  
Suite 100  
Waycross, GA 31501  
Phone: (912) 338-5915,  
FAX (912) 338-5914  
*Counties Served: Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware, Wayne,*

Coastal Health District (9-3)  
1609 Newcastle Street  
Brunswick, GA 31520  
(912) 264-3907  
FAX (912) 262-2315  
*Counties Served: Bryan, Camden, Glynn, Liberty, Long, McIntosh*

Northeast Health District (10)  
330 Research Drive  
Suite 130  
Athens, GA 30605  
Phone: (706) 227-7189  
FAX: (706) 227-7184  
*Counties Served: Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton*

**Submit ONLY reports for those with unknown county of residence to the state UNHSI office:**

Georgia Division of Public Health  
UNHSI Coordinator  
2 Peachtree St. N.W.  
11<sup>th</sup> floor  
Atlanta, GA, 30303-3142  
Phone: (404) 657-4143  
FAX: (404) 463-6729