

Newborn Hearing Screening Test Application and Consent Form



Babies grow up hearing many sounds and words spoken to them by those around them.

However, it is estimated that one to two out of every 1,000 babies are born with a hearing loss. The newborn hearing screening test is an important test to detect hearing loss in babies as early as possible and to start appropriate assistance and medical care at an early stage. For more information, please refer to the leaflet "About Newborn Hearing Screening" and the video on the website of the Shizuoka Newborn Hearing Support Center.

What is the Shizuoka Prefecture Infant Hearing Support Center?

The center provides consultation services to parents who are concerned about their children's hearing loss or for those who have been diagnosed with hearing loss. In order to provide seamless support to parents and their children, it is essential that information be shared between the medical institution that conducted the test, the municipal health center, and the Infant Hearing Support Center. In the case of a "referral," information is provided to the the Infant Hearing Support Center via the newborn hearing screening data management system or FAX. The Infant Hearing Support Center subsequently is able to provide information on hearing and speech development and consultation support via SMS.

(To be completed by parent or guardian) <u>** Please circle one reply in the brackets [] .</u>

- I understand the reason for newborn hearing screening testing . **[Yes · No]**
- I would like my child to receive a newborn hearing screening test. **[Yes · No]**
- Information flow after administration of the newborn hearing screening test
 - *In the case of a pass result (Only for institutions using the newborn hearing screening information management system)
 - Hearing ID, locality of residence, screening test administering facility, test result are entered into the system. Name and other personal information is not entered into the system.

*In the case of a referral result

The obstetrician will write a referral to a follow-up testing hospital that includes the following information:

- · Parent or guardian name, contact information, child's date of birth, child's sex
- · Name of newborn hearing screening testing facility, screening test result
- · Name of the institution to which the child is being referred

For institutions using the newborn hearing screening information management system, the above information, except for name and contact information, will be registered with the hearing ID.

This information will be shared with the infant hearing support center, municipal health centers, and follow-up testing hospitals.

[I Consent · I Do Not Consent]

* We handle personal information the utmost care and in accordance with all regulations.

Application Date	Year	Month	Day
Name of			
Parent/Guardian			
Parent/Guardian Address		Cell Phor	ne Number ()

