For the parents of: _____

We carried out a newborn hearing test for your baby. The test did not show a clear response.

**Your baby's hearing should be checked again.**

This does not necessarily mean that your baby has a hearing problem. There are many common reasons why the first test may not show a clear result, for example:
• Your baby was moving at the time of the test
• Presence of background noise during the test
• A temporary blockage in your baby's ears – very common after birth, clears up on its own

Another test should be done as soon as possible by your paediatrician or at an ENT practice. There, your baby's hearing can be checked using a professional test method like OAE (otoacoustic emissions), or ABR (auditory brainstem response). A simple clinical examination or "clap test" cannot reliably rule out a hearing problem.

Please take your baby's "yellow booklet" (baby health record) with you to the appointment. If possible, your baby should be asleep during the test.

Afterwards, please send the test results to the Screening Centre at the Bavarian Health and Food Safety Authority (LGL) using the QR code or the form on the back.

If you have any questions, you can contact the Screening Centre at:
Phone: **+49 (9131) 6808-5131**
E-Mail: **hoerscreening@lgl.bayern.de**

You can also find further information on our website:
http://www.lgl.bayern.de/gesundheit/praevention/kindergesundheit/index.htm

Best wishes to you and your baby

Your Screening Team

**Please return using the QR code (in compliance with data protection regulations)**
**Bitte zurücksenden, über den QR-Code (datenschutzkonform)**

**or via the reply form on the back**
**oder über das Rückmeldeformular auf der Rückseite**

# Feedback form: Hearing test
## Rückmeldeformular: Hörscreening

| | |
|---|---|
| Name of the baby<br>Name des Kindes | ..... |
| Date of birth<br>Geburtsdatum | ..... |
| Screening number<br>Screeningnummer | ..... |
| Phone number or email (Parents)<br>Telefonnummer oder E-Mail (Eltern) | ..... |

The follow-up examination of the hearing screening was carried out on /

Die **Kontrolluntersuchung** des Hörscreenings wurde am ……
(Please enter date / Bitte Datum eintragen)

with / mit

☐ OAE ☐ BERA (AABR)

☐ other method / andere Messmethode: ……

at / bei

☐ Paediatrician / Kinderarzt ☐ ENT doctor / HNO-Arzt

☐ Paediatric audiology / Pädaudiologie

Name: ……

Adress / Adresse: ……

……

Result of the control screening / Ergebnis des Kontrollscreenings

| | | |
|---|---|---|
| left ear/ links | ☐ pass / unauffällig | ☐ refer / abnormal / auffällig |
| right ear / rechts | ☐ pass / unauffällig | ☐ refer / abnormal / auffällig |

in case of refer results: / bei auffälligem Ergebnis:

date of next appointment / Nächster Untersuchungstermin: .....……

at the following doctor/ bei folgendem Arzt

……

Note / Bemerkung:

……

……

**Please return using the QR code (in compliance with data protection regulations):**
**Bitte zurücksenden über den QR-Code (datenschutzkonform):**

**oder**

**FAX-Nr.: 09131 / 6808-5103**

Bayerisches Landesamt für Gesundheit und Lebensmittelsicherheit, Screeningzentrum
Veterinärstraße 2, 85764 Oberschleißheim