pennsylvania
DEPARTMENT OF HEALTH

Welcome Baby

I have completed my screening test for:

Hearing (OAE and/or AABR) ☐
(To be completed after 12 hours of life)

Heart (CCHD) ☐
(To be completed between 24 – 48 hours of life)

Metabolic (DBS) ☐
(To be completed immediately after 24 hours of age in well-baby nursery and upon admission to NICU if prior to 24 hours of age)

Baby _____
Last name *First name*

Parent _____ **Room #** _____
Last name *First name*

Date of Birth _____ **Time of Birth** _____

Weight _____ **Length** _____

Head _____ **Chest** _____ **Abdomen** _____

Feeding Type (Formula or Breast/Chest) _____

Baby's Doctor _____

Mother's Doctor _____