



THE CITY OF NEW YORK
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Bureau of Vital Statistics

**Addendum to the
Facility Worksheet for Newborn Registration:
Hearing and Metabolic Screening**
To be completed by Facility Staff

- This worksheet contains items to be completed by the facility staff. Items should be entered into the Electronic Birth Registration System (EBRS).
- The items on this Facility Worksheet correspond to the EBRS data entry screens. Please follow the instructions below to obtain and enter accurate data into EBRS.

Mother/Parent's Name: _____

SCREEN: HEARING SCREENING

Was Hearing Test Performed? <input type="checkbox"/> Screening Performed (1 or both ears) <input type="checkbox"/> Not Performed-Facility Related <input type="checkbox"/> Not Performed-Medical Exclusion (both ears) <input type="checkbox"/> Not Performed-Parent Refused	Date Hearing Screening Conducted: ____ / ____ / ____ Month Day Year	Screening Results: Left Ear: <input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Not Performed - Medical Exclusion Right Ear: <input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> Not Performed - Medical Exclusion
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SCREEN: METABOLIC SCREENING

Barcode Number / Lab Screening ID: _____

Note: The Barcode Number refers to the **Lab ID** on the Blood Collection Form. It is on the top left corner of this pink form. The Barcode Number is the only item needed for this section.

YOU ARE NOW READY TO ENTER DATA INTO NYC EBRS