

*Thank you*  
for sending my information to the  
Wyoming EHDI Program!  
It is **important** for me!



## FAILED HEARING RESCREENINGFORM

❖❖ TIME SENSITIVE ❖❖

When an infant fails **both** an initial newborn hearing screening **AND** rescreening (repeat hearing screening 7-10 days later) on one or both ears, please contact the Wyoming EHDI Program within 24 hours in one of the following ways:

- Via phone at 307-721-6212
- Via fax at 307-721-6313
- Via email at [sarah.fitzgerald@wyo.gov](mailto:sarah.fitzgerald@wyo.gov)

\_\_\_\_\_  Female  
Child Name Date of Birth  Male

\_\_\_\_\_  Female  
Birth Hospital Name of Person Reporting Results  Male

\_\_\_\_\_

Primary Care Provider/Physician

\_\_\_\_\_

Initial Screening Date Rescreening Date

Ear(s) Failed: \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Both

\_\_\_\_\_

Parent/Guardian Name(s)

\_\_\_\_\_

Cell Phone Home Phone Work Phone

\_\_\_\_\_

Email

\_\_\_\_\_

Emergency Contact Name Telephone

Wyoming Early Hearing Detection and Intervention (EHDI) Program  
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Phone (307) 721-6212 • Fax (307) 721-6313  
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