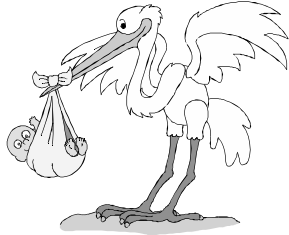


Date: \_\_\_\_\_

Dr. \_\_\_\_\_



Baby Name: \_\_\_\_\_

Baby DOB: \_\_\_\_\_

Baby \_\_\_\_\_ passed the initial hearing screen administered using BAER EOAE testing. The child's parents have been informed of the results. If you have any questions, please contact (your UNHS program contact info)

**-Thank You-**



**WAXA MARAY IMTIXAANKA MAQALKA  
KOOWAAD!**

Ubadkaada wuxuu ku guuleestay baarista maqalka. Maqalka fiican waa u muhim ubadkaada barashada hadalka iyo luqada. Inta badan, luminta maqalka waxaa la ogaada goorta ubadka ka daaho hadalka ama luqada, taas ayaan u sabab ah in manta laga imtixaano maqalka. Haddii qabto wax su'aal ah ama ku quseeyo, fadlan la soo xariir takhtarka ubadkaada ama (your UNHS program contact info)

**Your hospital's name, logo  
and address here**