



Oklahoma State Department of Health  
Pulse Oximetry Screening Result Form

**Facility/Screeener Information**

Facility Name: \_\_\_\_\_

Screeener's Name: \_\_\_\_\_

Screeener's Signature: \_\_\_\_\_

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

**Infant Information:**

Infant's Last Name: \_\_\_\_\_

Infant's First Name: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Attending Physician/Midwife: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Hospital: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_

**Pulse Oximetry Screening:**

Date of Screening: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age at Time of Screening: \_\_\_\_ Days or \_\_\_\_ Hours

Result: \_\_\_\_\_ Pass/Negative      \_\_\_\_\_ Fail/Positive      \_\_\_\_\_ Not Performed

Complete this section only if pulse oximetry screen was not performed:

Reason pulse oximetry screen not performed:

\_\_\_\_\_ Early Discharge

\_\_\_\_\_ Screening Not Indicated due to \_\_\_\_\_

\_\_\_\_\_ Parent Refusal

Form to be utilized if pulse oximetry screening results were not documented on newborn screening filter paper. Original to infant's record, provide a copy to parent, and forward copy by fax or mail to:  
Oklahoma State Department of Health, Newborn Screening Program Coordinator, 123 Robert S Kerr Ave, Suite 1702, Oklahoma City, OK 73102, (405) 426-8310 or 1-800-766-2223; Fax (405) 900-7556.