

Oklahoma State Department of Health
Pulse Oximetry Screening Result Form

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

Screeener's Name: _____

Screeener's Signature: _____

Date: ____ / ____ / ____

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, 1000 NE Tenth Street, Oklahoma City, OK 73117-1299, (405) 426-8220 or 1-800-766-2223; Fax (405) 900-7556.