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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6503
603-271-4225 1-800-852-3345 Ext. 4225
Fax: 603-271-4519 TDD Access: 1-800-735-2964



PULSE OXIMETRY REPORT

Date of screening: _____ Age in hours at first measurement: _____

Reason for Report: (√ all that apply)

___ Baby failed the pulse oximetry screening. ___ Not screened

Birth Attendant Signature: _____

Print name: _____

Birth Place Address: _____ New Hampshire

Baby's Name: _____ DOB: _____

Mother's Name: _____ DOB: _____

PULSE OXIMETRY RESULTS

___ Pass ___ Failed

1st Measurement: Time: _____ Right Hand _____ % Foot _____ %

2nd Measurement: Time: _____ Right Hand _____ % Foot _____ %

3rd Measurement: Time: _____ Right Hand _____ % Foot _____ %

Health Care Provider that failed screening was reported to: _____

Tel# _____

Was baby transferred to another facility because of screening? ___ Yes ___ No

Where? _____

___ Not screened If not screened, what was the reason (√ all that apply)

___ Baby expired ___ Parents refused ___ Other

Please send completed form to: Division of Public Health Services
NH Newborn Screening Program
29 Hazen Drive
Concord, NH 03301