NEWBORN SCREENING REFUSAL FORM

The American Academy of Pediatrics and the Alabama Department of Public Health strongly recommend Newborn Screening for all infants. Parents have a right to refuse newborn screening. Parents should be provided education regarding the risks of not screening their baby and should sign a refusal form for informed consent if refusing any part of the newborn screening.

Child's Name _____

Date of Birth _____ Name of Delivery Hospital: _____

Parent/Legal Guardian _____

My child's medical provider,_____ , has advised me that my child (named above) should participate in the newborn screening program.

As the parent or legal guardian of my child (named above), I choose to decline participation in my state's newborn screening program, on the grounds that such tests conflict with my religious tenets and/or practices (as allowed by the Code of Alabama 1975, 22-20-3).

- ❑ I choose not to have my child receive the newborn bloodspot screening from the Alabama Department of Public Health for life threatening diseases screened for by the Newborn Screening Program.
- ❑ I choose not to have my child screened for hearing loss.
- ❑ I choose not to have my child screened for critical congenital heart disease.

I have been provided information about newborn screening in my state and the importance of early identification of the disorders. I had the opportunity to discuss these with my child's medical provider, who has answered my questions regarding the recommended screening. I understand the following:

- The purpose and need for newborn screening to include bloodspot screening, hearing screening, and pulse oximetry screening.
- **If my child does not participate in newborn screening, the consequences of a late diagnosis may include delayed development, intellectual disability, or death.**
- My child's medical provider, the Alabama Department of Public Health, and the American Academy of Pediatrics strongly recommend that all newborns be screened for certain disorders.
- If my child has one of my state's screened conditions, failure to participate in newborn screening may endanger the health or life of my child.

Nevertheless, I have decided at this time to decline participation in the newborn screening program for my child as indicated by checking the box above.

I acknowledge that I have read this document or it has been read to me in its entirety, and I fully understand it.

Parent/Legal Guardian Signature _____ Date_____

Witness _____ Date_____

I had the opportunity to discuss my decision not to participate in my state's newborn screening program and still decline the recommended participation.