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NEWBORN SCREENING REFUSAL FORM

Name of Infant

Birth Date

Street Address

Hospital of Birth

City/State/Zip

Medical Record Number

I understand that State Law requires Newborn Screening for all infants born in New Hampshire.

I understand that the screening is done for the early detection of treatable disorders and that symptoms sometimes do not appear for several weeks or months.

I understand that if undetected and untreated these disorders can cause permanent damage to my child, including serious mental retardation, growth failure and, in some cases, death.

The benefits of newborn screening and the potential danger of not being screened have been explained to me. My decision to refuse the testing was made freely without force or encouragement by my doctor, my baby's doctor, hospital personnel or State officials.

Signed

Relationship to Infant

Witnessed by

Date

Original copy to Infant's Medical Record
Copies: Parent, Practitioner, And State Screening Program
2009