



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

NEWBORN HEARING SCREENING REFUSAL FORM

Name of Infant

Birth Date

Street Address

Hospital of Birth

City/State/Zip

Medical Record Number

The benefits of newborn hearing screening and the potential side effects of not being screened have been explained to me.

My decision to refuse hearing screening, after receiving information on newborn hearing screening, was made freely without force or encouragement by my health care provider, my baby's health care provider, facility personnel or State officials.

My decision to have my infants hearing screen at a birth hospital, after receiving information on newborn hearing screening, was made freely without force or encouragement by my health care provider, my baby's health care provider, facility personnel or State official.

Signed

Relationship to Infant

Witnessed by

Date

Original copy to Infant's Medical Record
Copies: Parent, Practitioner, and EHDI Program
2016