Newborn Screening Refusal Form

The American Academy of Pediatrics and the Alabama Department of Public Health strongly recommend Newborn Screening for all infants.

Child's Name:	Date of Birth:
Name of Delivery Hospital:	
My child's medical provider	has advised me that my child
(named above) should participate	in the newborn screening program.
participation in my state's	guardian of my child (named above), I choose to decline newborn screening program, on the grounds that such tests conflict nd/or practices (as allowed by the Code of Alabama 1975, 22-20-3).
identification of the disorders. I h	about newborn screening in my state and the importance of early have had the opportunity to discuss these with my child's medical juestions regarding the recommended screening. I understand the
and pulse oximetry screenThe risks and benefits of n	_
 may include delayed deve My child's medical provide Academy of Pediatrics stro If my child has one of my s 	elopment, mental retardation, or death. er, the Alabama Department of Public Health, and the American ongly recommend that all newborns be screened for certain disorders. State's screened conditions, failure to participate in newborn the health or life of my child.
Nevertheless, I have decided at the my child as indicated by checking	nis time to decline participation in the newborn screening program for the box above.
I acknowledge that I have read understand it.	this document or it has been read to me in its entirety, and I fully
Parent/Legal Guardian Signature_	Date
Witness	Date
I have had the opportunity to disprogram and still decline the reco	scuss my decision not to participate in my state's newborn screening mmended participation.