



RELIGIOUS WAIVER FOR THE NEWBORN SCREENING PROGRAM

State Form 54102 (10-09)

INDIANA STATE DEPARTMENT OF HEALTH

I have been informed about the Newborn Screening Program for the State of Indiana and have received and read information about the screening tests required by law.

I object to the following being done on my child for reasons pertaining to my religious beliefs:

- Hearing Screening (for hearing loss)

- Heelstick Screening (for metabolic & endocrine conditions, hemoglobinopathies, & cystic fibrosis)

- Pulse Oximetry (for critical congenital heart disease/defects)

Name of Child: _____

Birth Date of Child (MM/DD/YYYY): _____

Location and Address of Birth: _____

Signature of parent

Date (month, day, year)

Address (number, street and apartment number if applicable)

City State ZIP code

Signature of witness

Date (month, day, year)