APPENDIX B

Sample

Newborn Screening Refusal Form

Patient’s Name ____________________________
Date of Birth ______________________________
Mother’s Name ____________________________
Hospital _________________________________
Person(s) Counseled ________________________

Date ______________________________

I, ____________________________ (Parent’s Name) have been counseled on the importance of Newborn Screening tests and have received literature on Newborn Screening. I do understand that the Mississippi state law requires every baby to be screened between 24 – 48 hours of birth. I understand that appropriate screening can allow for early detection, treatment, and follow-up. Many of these disorders may cause life-threatening medical conditions, mental retardation or even death, and many of these serious consequences can be lessened with timely medical intervention. However, due to my religious beliefs, I decline to have these tests performed on my child.

Signed ______________________________________________________

Witnessed ___________________________________________________