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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF FAMILY HEALTH AND NUTRITION
MATERNAL AND CHILD HEALTH SECTION

29 HAZEN DRIVE, CONCORD, NH 03301-3857
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STATEMENT OF DISSENT
FOR REFUSAL OF NEWBORN SCREENING

Name of Infant

Birth Date

Street Address

Hospital of Birth

City/State/Zip

Medical Record Number

I refuse to have blood taken from my baby to determine if he or she might have a disorder that can be detected through newborn screening.

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

I have been offered the Newborn Screening Brochure and discussed newborn screening with my baby's doctor, midwife, a member of the hospital nursing staff, or other healthcare provider.

I understand that newborn 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 baby, including serious intellectual disability, 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

Parent or Guardian Written Name

Witnessed by

Date

Original Copy To Be Placed In The Infant's Medical Record.
Copies Provided To: Parent, Healthcare Provider, and State Screening Program (Fax: (603) 271-4519)

Updated 8/23