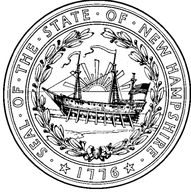

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES

MATERNAL AND CHILD HEALTH SECTION

29 HAZEN DRIVE, CONCORD, NH 03301-3857
603-271-4225 1-800-852-3345 Ext. 4225
Fax: 603-271-4519 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

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 child 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 child, 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 2022