

Appendix 11

APPENDIX 11
Newborn Hearing Screening
Religious Exemption Waiver Form

(Hospital/Birth Center Name)

I request that the newborn hearing screening not be performed on _____ (infant's name) _____ prior to discharge from (the hospital or birth center's name) based upon my sincerely held religious beliefs. I have read or have been read information about the risks and benefits of newborn hearing screening. I understand the implications and release (the hospital or birth center's name) and all relevant personnel bound by the state law to perform this hearing screening from any liability with such request. I accept full responsibility for choosing not to have the newborn hearing screening performed on my baby.

Responsible Party Signature

Date

Relationship to newborn infant (Please check the appropriate box):

Parent

Guardian