

**REFUSAL FORM**

Oklahoma State Department of Health  
Refusal of the Newborn Screening Blood Test  
**Religious Tenets and Practices Refusal**

Infant's Name: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Attending Physician or Provider, print name: \_\_\_\_\_

Place of Birth:

\_\_\_ Hospital, print name \_\_\_\_\_

\_\_\_ Birthing Facility, print name \_\_\_\_\_

\_\_\_ Home Birth

Type of Screen Refused: \_\_\_\_\_ Newborn Blood Test \_\_\_\_\_ Pulse Oximetry Screen

I have received and read the parent educational brochure printed by the Oklahoma Department of Health on the Newborn Screening blood test and pulse oximetry screening. I understand that these disorders are easily detected by testing a small blood sample from my baby's heel or by measuring the amount of oxygen in my baby's blood.

I have been informed that all newborns are required by law (under 63 O.S. 2002, Sections 1-533 and 1-534) to have a newborn screening test collected and pulse oximetry screen performed.

I have been informed and I understand that this screening is done to detect these disorders because symptoms sometimes do not appear for several weeks or months, and irreversible damage can occur before symptoms become apparent to a family or a physician.

I have been informed and I understand that, if untreated, these conditions may cause permanent damage to my child, including mental retardation, growth failure, and even death. This permanent health damage can be prevented through early detection and treatment.

I have discussed the newborn screening test and pulse oximetry screening with my physician or health care provider and I understand the risks to my child if the screening test is not completed.

I understand that the law allows a parent or guardian to refuse newborn screening and pulse oximetry screening based on the grounds that such examination conflicts with a person's religious tenets and practices. I elect to refuse newborn screening on that such testing of my infant conflicts with my religious tenets and practices. My decision was made freely and I accept the legal responsibility for the consequences of this decision.

\_\_\_\_\_  
Print Parent/legal Guardian's Name      Signature of Parent/legal Guardian      \_\_\_ / \_\_\_ / \_\_\_  
Date

\_\_\_\_\_  
Print Witness Name      Signature of Witness      \_\_\_ / \_\_\_ / \_\_\_  
Date

Original to infant's record, provide a copy to parent, and forward copy by fax or mail to: Oklahoma State Department of Health, Newborn Screening Program Coordinator, 1000 NE Tenth Street, Oklahoma City, OK 73117-1299, (405) 271-6617 or 1-800-766-2223; Fax (405) 271-4892.