



# RELIGIOUS OBJECTION TO NEWBORN SCREENING

I/We, \_\_\_\_\_ and \_\_\_\_\_,  
Print Parent or Guardian Full Name                      Print Parent or Guardian Full Name

am/are the parent(s)/legal guardian(s) of \_\_\_\_\_, who was born  
Name of Infant  
on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Month    Day    Year

I/We understand that Utah law [§ 26-10-6(1)] requires that each newborn infant be tested for disorders which may result in an intellectual or physical disability or death. Disorders for which infants are screened are listed under Utah Rule 438-15-4(2).

I/we further understand that religious objection is the only reason which Utah rule allows for refusal to have newborn screening performed.

I/We understand that failure to detect and treat any of these conditions within the first few days or weeks of life can be life threatening or cause significant handicaps, including mental retardation.

I/We have received a copy of the Newborn Screening informational brochure and have read it. Our health care provider \_\_\_\_\_ has informed us of the seriousness of these conditions.

With full knowledge of the possible consequences, I/we object to the newborn screening testing on the grounds that I/we am/are members of the \_\_\_\_\_ religion, which is a specified, well recognized, religious organization whose teachings are contrary to the testing required by Utah law for each newborn infant.

\_\_\_\_\_  
Parent/Guardian Signature                      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature                      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Witnessed by (Print Name): \_\_\_\_\_

\_\_\_\_\_  
Witness Signature                                      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Fax or Mail completed and signed form to:**  
Utah Department of Health Newborn Screening Program  
PO Box 144710 - Salt Lake City - Utah 84114-4710  
Fax: 801-536-0966

