



NEWBORN SCREENING TEST OBJECTION

I, _____, parent/managing conservator/guardian of
(name)

_____, date of birth _____,
(child's name) (child's)

have had explained to me, the benefits of the newborn screening blood test and the legal requirement for this test for all newborns in the State of Texas.

I object to this test being done on _____:
(child's name)

on religious grounds as it conflicts with the tenets of our church _____.

for other reasons (specify) _____

Signature: _____
Parent/Managing Conservator/Guardian

Date: _____

Signature: _____
Witness

Date:

A signed statement must be included in the child's medical records if the parents/ managing conservator/ guardian refuse to permit the blood test.