



**RELIGIOUS WAIVER FOR THE NEWBORN SCREENING PROGRAM**

State Form 54102 (R2 / 9-17)  
INDIANA STATE DEPARTMENT OF HEALTH

ATTACH LABEL HERE OR SEND DEMOGRAPHICS WITH WAIVER.

***I have been informed about the Newborn Screening Program for the State of Indiana and have received and read information about the screening tests required by law, but I choose to object to the following being done on my child for reasons pertaining to my religious beliefs:***

- Hearing Screening (for hearing loss)
- Heelstick Screening (for metabolic and endocrine conditions, hemoglobinopathies, and cystic fibrosis)
- Pulse Oximetry (for critical congenital heart disease/defects)

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Best Contact Number: \_\_\_\_\_

Birth Facility/Midwife(ry): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date (month, day, year)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date (month, day, year)

***Please use this form to report Newborn Hearing Screening and Pulse Oximetry when there is a Religious Refusal for the Heelstick Screening (in place of the NBS card).***

Hearing Screening (for hearing loss)

Pulse Oximetry (for critical congenital heart disease/defects)

<input type="checkbox"/> Initial  <input type="checkbox"/> Rescreen  Left	<input type="checkbox"/> Initial  <input type="checkbox"/> Rescreen  Right
Date of Screen ___/___/___	Date of Screen ___/___/___
Results <input type="checkbox"/> Pass <input type="checkbox"/> Refer	Results <input type="checkbox"/> Pass <input type="checkbox"/> Refer
Risk Factors <input type="checkbox"/> Yes <input type="checkbox"/> No	

1 <sup>st</sup> Reading Date of Screen ___/___/___ Time _____ Right Hand____ Foot____ <input type="checkbox"/> Pass <input type="checkbox"/> Did NOT Pass
2 <sup>nd</sup> Reading Date of Screen ___/___/___ Time _____ Right Hand____ Foot____ <input type="checkbox"/> Pass <input type="checkbox"/> Did NOT Pass
3 <sup>rd</sup> Reading Date of Screen ___/___/___ Time _____ Right Hand____ Foot____ <input type="checkbox"/> Pass <input type="checkbox"/> Did NOT Pass
ECHOCARDIOGRAM Date of Screen ___/___/___ Time _____ Interpretation: _____