



RELIGIOUS WAIVER FOR THE NEWBORN SCREENING PROGRAM

State Form 54102 (10-2011)

INDIANA STATE DEPARTMENT OF HEALTH

Reset Form

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.

I object to the following tests being done on my child for reasons pertaining to my religious beliefs:

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

Name of child: _____

Child's date of birth: _____

Location & address of birth: _____

Signature of parent

Date (MM/DD/YYYY)

Address (number, street, & apartment number if applicable)

City

State

Zip code

Signature of witness

Date (MM/DD/YYYY)