GEORGIA DEPARTMENT OF PUBLIC HEALTH

Declaration of Religious Objection to Newborn Screening

The **Georgia Department of Public Health Code Rule 511-5-5** mandates that all newborn babies in Georgia are promptly tested for certain conditions which pose a threat of severe illness, physical or developmental disability, or death. Newborn screening testing includes blood screening, hearing screening, and screening for critical congenital heart disease (CCHD).

Babies born outside of a hospital, birthing center, or other healthcare facility are also required to be screened.

Parents or legal guardians can decline newborn screening on the ground that such tests and treatment conflict with their religious beliefs as outlined in Rule 511-5-5-.03.

Instructions: Complete and sign the form in the presence of a witness. Forward the completed form to DPH by faxing to (404) 657-2773 or email to DPH-NBS@dph.ga.gov. This form shall be retained in the child's medical record for the period of time defined by the hospital or provider policy.

Child's Name (Last)	(First)		**Child's Date of Birth** (MM/DD/YYYY)
Address			
City	**State**	**ZIP**	**Phone Number**
Parent or Guardian Name (Last)	(First)		**Relationship to Child**
Delivery Location ☐ Hospital / Birthing Center ☐ Other	**Delivery Hospital / Birthing Center Name**		

Select the newborn screening test(s) declined at birth:

☐ Blood Specimen Screen ☐ Hearing Screen ☐ Critical Congenital Heart Disease Screen

Attestation Statement

I, (Parent or Legal Guardian's First and Last Name), affirm that I am the parent or legal guardian of the child named above.

Initial	I have been informed of the need for a blood test to screen for metabolic or genetic disorders as designated by the Georgia Department of Public Health, the need for newborn hearing screening, and the need for screening to detect critical congenital heart disease as mandated by Georgia Public Health Code 511-5-5 and have been provided a copy of DPH Form 5506 (*Georgia Newborn Screening Program: What Every Parent Should Know*).
Initial	I understand that that the Georgia Department of Public Health has determined: a. that the required newborn screening is necessary to identify certain conditions which pose a threat of severe illness, physical or developmental disability or death; b. that the required screening tests are safe; c. that the child who does not receive the required newborn screening tests may have a metabolic or genetic disorder, hearing loss, or a critical congenital heart disease present that may need treatment or interventions.
Initial	I affirm that newborn screening is contrary to my religious beliefs, and that my objections to newborn screening are not based solely on grounds of personal philosophy or inconvenience.

Printed Name	**Signature**	**Date**
Witness Printed Name	**Witness Signature**	**Date**