Newborn Hearing Screening Declination Form

Infant Name: _____ Date of birth: _____

Birth Facility: _____ Midwife: _____

Primary Care Provider: _____

I, _____, request that my child not have a newborn
(parent/guardian)
hearing screening performed.

By signing this form, I acknowledge the following information:

I have been informed that newborn hearing screenings are safe, painless, and provide important information about my child's health.

I have been informed that hearing differences are a spectrum and may not be noticeable without a hearing screening.

I have been informed that early detection of hearing differences through a hearing screening can support development, communication skills, and improve access to supportive services such as Early Intervention.

I have been informed that my child cannot be refused a hearing screening test if I cannot afford it according to Oregon Revised Statute 433.321.

I have had the opportunity to ask questions and discuss the risks and benefits of newborn hearing screening with a healthcare provider.

I understand that I can contact a local hearing screening provider at any time and request a hearing screening for my child.

I accept all responsibility and liability for choosing not to have a hearing screening performed.

I refuse this hearing screening because I am raising my child according to religious tenets and practices that conflict with receiving a hearing screening.

X_____ X_____

Signature (parent/guardian) Date

X_____ X_____

Relationship to baby Signature (witness)

If you have additional questions about hearing screenings, speak with your child's medical team and/or visit healthoregon.org/EHDI to learn more.