I, _____, refuse CCHD screening for my

infant, _____, born _____.

I have been informed that Utah Law requires CCHD oximetry screening for all newborns. I fully understand this requirement and accept the responsibility to choose NOT to have this screening done on my baby as required by Utah Health Code 26-10-6. I release the Utah Department of Health, local health department, my physician, and all caregivers of any liabilities of this decision.

_____

Parent Signature Date

_____

Parent Name (Please print)

_____

Witness Signature Date

_____

Witness Name Agency

Return to: Utah Department of Health
Utah Birth Defect Network
Attn: Amy Nance
44 North MarioCapecchi Dr
Salt Lake City, UT 84113