

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH  
Acting Commissioner

Ned Lamont  
Governor  
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Lt. Governor

Connecticut Newborn Screening (NBS) Program  
Parent/Guardian Refusal (Waiver) of Newborn Screening

Connecticut General Statutes, Section 19a-55 allows a parent or guardian of an infant to refuse permission for newborn screening blood-spot testing, because such a test is in conflict with the parent's or guardian's religious beliefs and practice.

I, \_\_\_\_\_, the  parent  legal guardian of baby \_\_\_\_\_,  
(Name of Parent or Guardian) (Infant's name)

born on \_\_\_\_\_ at \_\_\_\_\_  
(Date of Birth) (Name of hospital or birthing center or if baby was born outside of hospital write "home")

refuse permission for a heel-stick blood sample be taken from my baby for the purpose of Newborn Screening testing, **because the test is in conflict with my religious beliefs and practice.** The risks and benefits of Newborn Screening blood-spot testing have been fully explained to me and I understand and accept responsibility for choosing not to have the screening test performed.

Signature of Parent or Guardian: \_\_\_\_\_ Date signed: \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_

Relationship to baby:  mother  father  legal guardian

For Hospital/Birthing Center, Midwife or PCP Use Only:

Infant's **accession number** (if available): \_\_\_\_\_ Printed Name/Title of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date Witnessed: \_\_\_\_\_

Name & phone of person submitting this form: \_\_\_\_\_

Name & phone number of PCP: \_\_\_\_\_

Parent/Guardian Contact Information: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street address including city and zip code)

Keep a copy of this form in the infant's medical record and fax or mail a copy to:

Connecticut Newborn Screening Program,  
395 West Street, Rocky Hill, CT 06067-3503  
Phone: 860-920-6628, Fax: 860-730-8385

Please note: It is no longer necessary to send the blank NBS Specimen Card to the Lab. The waiver is all that is necessary

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Phone: (860) 920-6628 • Fax: (860) 730-8385  
Telecommunications Relay Service 7-1-1  
395 West Street  
Rocky Hill, Connecticut 06067-3503  
www.ct.gov/dph

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