



Department of Health and Human Services
Maine Center for Disease Control and Prevention
Children with Special Health Needs
Maine Newborn Hearing Program
286 Water Street
Augusta, Maine 04333-0011
Tel.: (207) 287-8427; Fax: (207) 287-4743
TTY Users: Dial 711 (Maine Relay)

NEWBORN HEARING SCREENING REFUSAL

Infant's Last Name: _____ First Name: _____ Sex: Male Female

Date of Birth: _____ Place of Birth: _____

Parent(s)/Guardian(s) Contact Information:

Name: _____

Address: _____

PCP Name: _____ Phone: _____

- I/We have been told that the newborn hearing screening procedure is safe, painless, and may provide information that is important to the development of my child.
- I/We are aware that children whose hearing loss is discovered early and who receive early intervention before six months of age are more likely to develop normal communication skills than children who are identified later.
- I/We have been provided the opportunity to ask questions about the risks and benefits of the screening procedure.
- I/We understand that the Maine Newborn Hearing Program will be notified of this refusal.
- I/We refuse to have the newborn hearing screening done. I understand the possible consequences of this decision and accept all responsibility and liability for choosing not to have this screening performed.

Signature: _____ Relationship: _____ Date: _____

Signature: _____ Relationship: _____ Date: _____

Witness: _____ Date: _____

Please fax signed copy to the Maine Newborn Hearing Program at

Fax number (207)287-4743

Retain a copy for the baby's record