**Ohio Department of Health**
**Infant Hearing Program**

| **OBJECTION to UNIVERSAL NEWBORN HEARING SCREENING** | |
|---|---|
| _____<br>Name of Child<br><br>_____ _____<br>Child's Date of Birth Hospital of Birth<br><br>_____<br>Parent, Guardian or Custodian's Address (including City, State and ZIP) | A D D R E S S O G R A P H |

Section 3701.505 of the Ohio Revised Code states that every infant born in a hospital or freestanding birthing center in Ohio will receive a hearing screening. If you object to having your baby's hearing screened, please complete and sign this form.

**By signing this form, I acknowledge that I am the legal parent, guardian or custodian of**

**_____.**

**I object to the requirement of section 3701.505 of the Ohio Revised Code that my child receives a hearing screening. I choose not to have my child's hearing screened for hearing impairment for the following reason:**

☐ **such a screening conflicts with my religious beliefs, tenets and practices**

☐ **other: _____**
**(optional)**

**I have been fully informed and fully understand the possible consequences to my child's health and education resulting from undetected and untreated hearing impairment. I acknowledge that I have received and that I understand the parent information brochure on Ohio's newborn hearing screening program.**

I release the Ohio Department of Health, the hospital of birth, the person responsible for conducting the newborn hearing screening, and the County Health Department from the responsibility required by the aforementioned section of the Ohio Revised Code.

Further, I release and hold harmless the Ohio Department of Health, the hospital of birth, the person responsible for conducting the newborn hearing screening, and the County Health Department for any injury, illness, and/or consequences which may result to my child as the result of my refusal to consent to newborn hearing screening.

_____ _____
Signature of Parent, Guardian or Custodian Date Signature of Witness Date