



State of Utah

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Governor

SPENCER J. COX
Lieutenant Governor

Utah Department of Health
Executive Director's Office

Richard G. Saunders
Executive Director

Division of Family Health and Preparedness

Marc E. Babitz, M.D.
Division Director

Children with Special Health Care Needs Bureau

Noël Taxin, M.S.
Bureau Director

CMV Testing Declination Form

INFANT NAME: _____ DATE OF BIRTH: _____ SEX: M / F

BIRTHING FACILITY: _____ Check if homebirth

MEDICAL PROVIDER: _____ CLINIC: _____

I have been informed that Utah Law 26-10-10/Rule R398-4 requires newborn infants who fail newborn hearing screening(s) to be tested for congenital cytomegalovirus (CMV) before 21 days of birth. I fully understand this requirement and accept the responsibility of choosing NOT to have this testing done on my baby. I release the Utah Department of Health, local health department, my baby's physician or primary care provider, birth hospital, birthing center or midwife, hearing screener, audiologist, or all caregivers of any liabilities of such decision.

Parent/Guardian Name (please print)

Relationship to Child

Parent/Guardian Signature

Date

Witness Name (please print)

Agency

Witness Signature

Date

****A COPY OF THIS SIGNED WAIVER IS TO BE FAXED or EMAILED USING THE CONTACT INFORMATION BELOW****



EARLY HEARING DETECTION AND INTERVENTION
Street Address: 3760 South Highland Dr, Salt Lake City, UT 84106
Mailing Address: P.O. Box 144620, Salt Lake City, UT 84114
Phone: 801-273-6600 · Fax: 801-536-0492 · Email: cmv@utah.gov