



**Texas Department of Licensing and Regulation**  
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### NEWBORN SCREENING TEST OBJECTION

DO NOT WRITE ABOVE THIS LINE

I \_\_\_\_\_, parent/managing conservator/guardian of  
 Name (please print)

\_\_\_\_\_, date of birth \_\_\_\_\_,  
 Child's Name (please print) Child's

have had explained to me, the benefits of the newborn screening blood test and the legal requirement for this test for all newborns in the State of Texas.

I object to this test being done on \_\_\_\_\_ :  
 Child's Name (please print)

on religious grounds as it conflicts with the tenets of our church \_\_\_\_\_

for other reasons (specify): \_\_\_\_\_

\_\_\_\_\_  
 Parent/Managing Conservator/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Date