



TEXAS DEPARTMENT OF LICENSING & REGULATION
 P.O. Box 12157 • Austin, Texas 78711-2157
www.tdlr.texas.gov

NEWBORN SCREENING TEST OBJECTION FORM

DOCUMENTS SUBMITTED WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED FORM.

CHILD'S INFORMATION

Child's Name:

Last, First, Middle Name, Suffix

Child's Date of Birth:

Month/Day/Year

Name of Parent / Managing Conservator / Guardian:

Last, First, Middle Name, Suffix

I have received explanation of, the benefits of the newborn screening blood test and the legal requirement for this test for all newborns in the State of Texas?

Yes **No**

Do you object to this test being done on the child listed above? (If YES, please select one of the two options below)

Yes **No**

On religious grounds, as it conflicts with the tenets or practices of my church _____

Other reason (explain below):

SIGNATURES

Parent / Managing Conservator / Guardian Signature

Date

Witness Signature

Date