Department of Health & Human Services
Utah Public Health Laboratory

Religious Objection to Newborn screening

I/We, _____ and _____,
Print Parent/Guardian Full Name Print Parent/Guardian Full Name

am/are the parent(s)/legal guardian(s) of _____, who was born
Infant's legal name

on ____/____/_____.
Month Day Year

I/We understand that Utah law [§ 26B-4-319] requires that each newborn infant be tested for disorders which may result in an intellectual or physical disability or death. Disorders for which infants are screened are listed under Utah Rule 438-15.

I/we further understand that religious objection is the only reason which Utah rule allows for refusal to have newborn screening performed.

I/We understand that failure to detect and treat any of these conditions within the first few days or weeks of life can be life threatening or cause intellectual disability and development delay.

I/We have received a copy of the Newborn Screening informational brochure and have read it. Our health care provider _____ has informed us of the seriousness of these conditions.

With full knowledge of the possible consequences, I/we object to the newborn screening testing on the grounds that I/we am/are members of the _____ religion, which is a specified, well recognized, religious organization whose teachings are contrary to the testing required by Utah law for each newborn infant.

The information provided in the form will be used to document your refusal. The information will only be used by the Newborn Screening program and DHHS. If this information is not provided, DHHS will have no record of the refusal. This data is part of the record series 82245.

Parent Signature: _____ Date:_____

Parent Signature: _____ Date: _____

Witness Name (print): _____

Witness Signature:_____ Date: _____

Fax or Mail completed and signed form to:
Utah Department of Health & Human Services
Newborn Screening Program
PO Box 144710
Salt Lake City, UT
84114-4710
Fax: 801-536-0966

Revised 8.2026