



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Utah Department of Health

W. David Patton, Ph.D
Executive Director

Division of Family Health and Preparedness

Marc E. Babitz, MD
Division Director

Children with Special Health Care Needs Bureau

Noël Taxin, M.S.
Bureau Director

CMV Testing Declination Form

INFANT NAME: _____ DATE OF BIRTH: _____

BIRTHING HOSPITAL/CENTER: _____ Check if homebirth

MEDICAL PROVIDER: _____ CLINIC: _____

I have been informed that Utah Law 26-10-10 requires newborn infants who fail two newborn hearing screening tests to be tested for cytomegalovirus (CMV) within 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 Name (please print)

Parent Signature Date

Witness Name (please print) Agency

Witness Signature Date

****A COPY OF THIS SIGNED WAIVER IS TO BE FAXED TO THE NUMBER BOLDED BELOW****

EARLY HEARING DETECTION AND INTERVENTION
Street Address: 44 North Mario Capecchi Drive • Salt Lake City, UT 84113 Mailing Address: P.O. Box 144620 •
Salt Lake City, UT 84114-4620 Telephone (801) 584-8215 • **Facsimile (801) 584-8492**
health.utah.gov/CMV

