

Kim Reynolds GOVERNOR

Adam Gregg LT. GOVERNOR

Kelly Garcia DIRECTOR

Refusal of Testing for Congenital Cytomegalovirus Iowa Department of Public Health

INFANT'S NAME:	
DATE OF BIRTH:	
INFANT'S ADDRESS:	
PARENT'S NAME(S):	
PLACE OF BIRTH (FACILITY NAME):	
HEALTH CARE PROVIDER:	
for Parents, Sample Collection and Testing" v	onal flyer "Congenital Cytomegalovirus (cCMV) Information which describes the newborn testing for congenital urine sample or a cheek swab may be taken from my baby aby.
	is the law of the state of lowa that all newborns who fail red testing for the presence of cCMV in their newborn.
appear the baby may already be in distress, a	nis testing is done to detect cCMV because when symptoms and that it is important to get regular health care visits for my nealth, should my baby test positive for cCMV.
I have discussed this testing with	(HEALTH CARE PROVIDER)
and I understand the risks to my child if this to	esting is not completed.
My decision is made freely and I accept the le	egal responsibility for the consequences of this decision.
Reason for refusal: (please explain)	
I hereby release, waive, discharge, and cover	nant not to sue(NAME OF HOSPITAL OR HEALTH CARE PROVIDER)
volunteers of these entities and agencies for a refusal to allow my child's health care provide	ate of Iowa, and all employees, officials, staff, agents, and any liability, claim, and/or cause of action arising out of my or to conduct testing for congenital cytomegalovirus on my or, or illness that occurs as a result of the fact that my baby
SIGNATURE PARENT OR LEGAL GUARDIAN	DATE
DDINT NAME OF DADENT OF LEGAL GUADDIAN	