DEPARTMENT OF HEALTH

NPLOOJ 1/3
HLOOV KHO 01/2025

Kev Tsis Lees Txais Ntawm Niam Txiv los sis Kev Ncua Sijhawm ntawm Kev Tshuaj Xyuas Menyuam Mos

Parental Refusal or Delay of Newborn Screening
Hmong
Kev tso cai cia tso cov xov xwm kho mob uas muaj kev tiv thaiv rau tus neeg txhais lus

TSO DAIM NTAWV CIM NEEG MOB RAU NRAUM DAIM PLHAUB LOS SIS SAU KOM TIAV COV HAUV QAB NO

Place patient label to cover or complete below

Menyuam Mos Lub Npe (XEEM, NPE)
Baby's Name (LAST, FIRST)

Hnub Yug
Date of Birth

Leej Niam Lub Npe (XEEM, NPE)
Mother's Name (LAST,FIRST)

Tsev Kho Mob / Kws Kho Mob Saib Xyuas Kev Yug Menyuam
Hospital/Midwife

Koj muaj txoj cai los mus tsis lees txais los sis ncua sijhawm tshuaj xyuas koj tus menyuam. Xaiv thiab sau npe luv rau hauv qab no uas qhia tias qhov twg ntawm qhov kev tshuaj xyuas menyuam mos yog qhov uas koj xav tsis lees txais los sis xav muab ncua.

Koj tau txais kev ceeb toom txog cov kev pheej hmoo ntawm kev ncua sijhawm thiab/los sis tsis kam tshuaj xyuas koj tus menyuam mos. Kev kos npe rau daim foos no txhais hais tias koj tab tom tsis lees txais kev tshuaj xyuas nyob rau **lub sijhawm no**. Koj tuaj yeem xaiv kom tshuaj xyuas koj tus menyuam tom qab ntawd. Yog tias koj xaiv kom muaj kev tshuaj xyuas menyuam mos tom qab, MDH txhawb kom ua tiav qhov kev tshuaj ntsuam xyuas tsis pub dhau hnub nyoog ib vij thaum qhov kev tshuaj xyuas yog qhov yog tshaj plaws.

Yog tias koj xaiv kom tshuaj xyuas koj tus menyuam thiab tsis xav kom MDH khaws koj tus menyuam cov kev kuaj pom thiab cov kev kuaj ntshav cia, nws muaj txoj kev xaiv kom muab rhuav tshem nyob rau txhua lub sijhawm. Thov mus saib lub vev xaib ntawm MDH lub Phiaj Xwm Tshuaj Xyuas Menyuam Mos kom tau daim foos uas tseev kom muaj www.health.state.mn.us/people/newbornscreening

You have the right to refuse or delay having your baby screened. Select and initial below which part(s) of newborn screening you wish to refuse or delay.

You have been informed of the risks of delaying and/or not screening your baby. Signing this form means you are refusing screening **at this time**. You can choose to have your baby screened at a later time. If you choose to have newborn screening done later, MDH strongly encourages completing screening within one week of age when screening is most accurate.

Should you choose to have your baby screened and do not want MDH to keep your baby's test results and blood spots, there is the option to have them destroyed at any time. Please see the MDH Newborn Screening Program website for the required form www.health.state.mn.us/people/newbornscreening

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KEV KUAJ NTSHAV

BLOOD SPOT

Kuv nkag siab tias cov cim qhia thiab cov tsos mob ntawm tus kab mob tuaj yeem tshwm sim hauv thawj ob peb hnub ntawm lub neej.Qee cov cim qhia thiab cov tsos mob yuav tsis tshwm sim nyob rau ntau lub vij los sis ntau lub hli.Cov teeb meem kev noj qab haus huv tas mus li los sis kev tuag tuaj yeem tshwm sim yog tias cov kab mob no tsis raug txheeb xyuas tau thiab kho thaum ntxov.

I understand signs and symptoms of disease can occur within the first few days of life. Some signs and symptoms may not show for several weeks or months. Permanent health problems or death can occur if these diseases are not identified and treated early.

☐ **TSIS LEES TXAIS Refuse**

Npe Luv Ntawm Niam Txiv/Tus Saib Xyuas
Parent/Guardian Initials

☐ **NCUA SIJHAWM Delay**

Npe Luv Ntawm Cov Pov Thawj
Witness Initials

KEV HNOV LUS

HEARING

Kuv nkag siab tias qhov tsis hnov lus yuav tsis pom thaum yug los yam tsis tau kuaj.Txhua qhov kev hnov lus tsis zoo tuaj yeem ncua kev hais lus, kev paub lus, kev xav thiab kev paub tab.

I understand that hearing loss may not be noticeable at birth without screening. Any amount of hearing loss may delay speech, language, emotional and social development.

☐ **TSIS LEES TXAIS Refuse**

Npe Luv Ntawm Niam Txiv/Tus Saib Xyuas
Parent/Guardian Initials

☐ **NCUA SIJHAWM Delay**

Npe Luv Ntawm Cov Pov Thawj
Witness Initials

AUV XIJ NTOJ

Kuv nkag siab tias cov cim qhia thiab cov tsos mob ntawm qhov tsis zoo ntawm lub plawv qee zaum tsis tshwm sim nyob rau ob pe blub vij los sis ntau hli. Kev puas tsuaj tas mus li los sis kev tuag tuaj yeem tshwm sim yog tias tsis raug txheeb xyuas tau thiab kho thaum ntxov.

PULSE OXIMETRY

I understand that the signs and symptoms of heart defects sometimes do not appear for several weeks or months. Permanent damage or death can occur if not identified and treated early.

☐ **TSIS LEES TXAIS Refuse**

Npe Luv Ntawm Niam Txiv/ Tus Saib Xyuas

Parent/Guardian Initials

☐ **NCUA SIJHAWM Delay**

Npe Luv Ntawm Cov Pov Thawj

Witness Initials

Hais txog cov kev tshuaj xyuas uas **NCUA SIJHAWM**, ces thov muab lub npe ntawm tus neeg uas yuav ua kom tiav koj tus menyuam mos qhov kev tshuaj xyuas:

For any **DELAYED** screenings, please provide the name of who will complete your baby's screening:

Chaw kho mob/kws kho mob/tus kws yug menyuam lub npe:
Clinic/provider/midwife name:

Leej Niam Leej Txiv los sis Tus Saib Xyuas Lub Npe:
Parent or Guardian Printed Name:

Leej Niam Leej Txiv los sis Tus Saib Xyuas Tus Qauv Tes Kos Npe:
Parent or Guardian Signature:

Hnub Tim:
Date:

Kev Sib Txheeb nrog Tus Menyuam Mos:
Relationship to Newborn:

Xov Tooj:
Phone Number:

Cov Lus Qhia ntawm Tsev Kho Mob/Kws Yug Menyuam rau Kev Sau Daim Foos no

Hospital/Midwife Instructions for Completing this Form

Tus Pov Thawj Lub Npe:
Witness Printed Name:

Tus Pov Thawj Tus Qauv Tes Kos Npe:
Witness Signature:

Tus Pov Thawj Lub Luag Haujlwm/ Txoj Haujlwm:
Witness Title/ Role:

Tus Pov Thawj Thib Ob Lub Npe (xaiv tau):
Second Witness Printed Name (optional):

Tus Pov Thawj Thib Ob Tus Qauv Tes Kos Npe (xaiv tau):
Second Witness Signature (optional):

Leej niam leej txiv / tus saib xyuas tau tsis lees txais los sis tau ncua sijhawm rau qee feem los sis txhua feem ntawm kev tshuaj xyuas tus menyuam mos **thiab** tau xaiv qhov tsis kos npe rau.

The parent(s) / guardian(s) have refused or delayed some or all parts of the newborn screen **and** have elected not to sign.

PHAB 3/3 Kev Tsis Lees Txais Ntawm Niam Txiv los sis Kev Ncua Sijhawm ntawm Kev Tshuaj Xyuas Menyuam Mos

CIA LUB TSEV KHO MOB / TUS KWS YUG MENYUAM UA TUS SAU NKAUS XWB

To be completed by hospital/midwife only

Yuav tsum sau kom tiav nplooj 1 ntawm daim foos Kev Tsis Lees Txais Ntawm Niam Txiv los sis Kev Ncua Sijhawm ntawm Kev Tshuaj Xyuas Menyuam Mos.Daim foos uas kos npe rau lawm yuav tsum yog ib feem ntawm tus menyuam mos cov ntaub ntawv kho mob thiab yuav tsum muab ib daim qauv rau Lub Tsev Haujlwm Saib Xyuas Kev Noj Qab Haus Huv (MN Txoj Cai 144.125).

Txhawm rau txhim kho cov txheej txheem thiab zam kom tsis txhob muaj ntau lwm kev sib tiv tauj los ntawm cov neeg ua haujlwm tshuaj xyuas menyuam mos, ces thov fax los sis muab daim foos xa mus rau MDH tsis pub dhau xya hnub tom qab yug tau los.

Hu rau **651-201-5466** yog tias muaj lus nug.

Daim foos xub thawj mus rau:

Tus Menyuam Mos Cov Ntaub Ntawv Kho Mob

Luam qauv rau:

Minnesota Department of Health

Newborn Screening

P.O. Box 64899

St. Paul, MN 55164-0899

Fax: (651) 215-6285

Email: health.newbornscreening@state.mn.us

Luam qauv rau:

Niam Txiv / Tus Saib Xyuas Raug Cai

Luam qauv rau:

Thawj Kws Kho Mob / Chaw Kho Mob

Page 1 of the Parental Refusal or Delay of Newborn Screening form must be completed. The signed form must be made part of the infant's medical record and a copy shall be provided to the Department of Health (MN Statute 144.125).

To streamline the process and avoid multiple contacts from newborn screening staff, please fax or mail the form to MDH within seven days of birth.

Call **651-201-5466** with any questions.

Original form to:

Newborn's Medical Record

Copy to:

Minnesota Department of Health

Newborn Screening

P.O. Box 64899

St. Paul, MN 55164-0899

Fax: (651) 215-6285

Email: health.newbornscreening@state.mn.us

Copy to:

Parent / Legal Guardian

Copy to:

Primary Care Provider / Clinic