DEPARTMENT OF HEALTH

BOGGA 1 EE 3

DIB-LOO-EEGAY 01/2025

Diidmada Waalidka ama Dib U dhaca Baaritaanka Ilmaha dhashay

Parental Refusal or Delay of Newborn Screening

Somali

Ogolaanshaha siinta xogta caafimaadka ee dhawrsan turjumaan

SAAR SUMMADA BUKAANKA SI AAD U DABOOLO AMA UGU BUUXISO HOOS

Place patient label to cover or complete below

Magaca Ilmaha (UGU DANBEEYA, UGU HOREEYA)
Baby's Name (LAST, FIRST)

Taariilhda Dhalashada
Date of Birth

Magaca HOOYADA (UGU DANBEEYA, UGU HOREEYA)
Mother's Name (LAST,FIRST)

Isbitaalka / Umilisada
Hospital/Midwife

Waxaad xaq u leedahay inaad diido ama dib u dhigto baaritaanka ilmahaaga. Dooro oo calaamadi hoos qaybaha baaritaanka ilmaha dhashay ee aad doonayso inaad diido ama dib loo dhigo.

Waxaa laguu sheegay khataraha dib u dhigista iyo/ama baaritaan la'aanta ilmahaaga. Saxiixida foomkaan ayaa ka dhigan inaad diido baaritaanka **wakti xaadirkaan**. Waxaad dooran kartaa in ilmahaaga la baaro xili danbe. Haddii aad doorato in baaritaanka ilmahaaga dhashay dib loo dhigo, MDH waxay aad ugu talinaysaa in aad baaritaanka buuxiso hal asbuuc gudihiis marka ilmuhu dhasho kadib markaas oo natiijadu ugu saxan tahay.

Haddii aad doorato in ilmahaaga la baaro aana doonayn in MDH ay hayso natiijooyinka baaritaanka iyo dhibcaha dhiiga ilmahaaga, waxaa jira dookh aad kaga codsanayso inay burburiso marka aad doonto. Fadlan booqo webseedka Barnaamijka Baaritaanka Ilmaha Dhashay ee MDH si aad u hesho foomka lagaa rabo 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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DHIBICDA DHIIGA

Waan fahmayaa in astaamaha iyo calaamadaha xanuunku imaan karaan dhawrka maalmood ee ugu horeeya nolosha ilmaha. Qaarkood calaamadaha iyo astaamaha ayaan imaan karin ilaa dhawr asbuuc ama dhawr bilood laga gaaro. Dhibaatooyinka caafimaadka ee abadiyanka ah ama geerida ayaa imaan kara haddii cuduradaan aan la aqoonsan lana dawayn xili hore.

☐ **DIID Refuse**

Xarafka koobaad ee Magaca Waalidka/Masuulka:
Parent/Guardian Initials

BLOOD SPOT

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.

☐ **DIB U DHIG Delay**

Saxiixa marqaatiga
Witness Initials

MAQALKA

Waan fahmayaa in luminta maqalka aan la ogaan karin marka ilmuhu dhasho haddaan la baarin. Cadad kasta oo luminta maqalka ah ayaa dib u dhigi kara hadalka, luuqadda, hormarinta shucuurta iyo bulshanimada.

☐ **DIID Refuse**

Xarafka koobaad ee Magaca Waalidka/Masuulka:
Parent/Guardian Initials

HEARING

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.

☐ **DIB U DHIG Delay**

Saxiixa marqaatiga
Witness Initials

WADNE GARAACA CABIRKA OKSIJIINTA

Waan fahmayaa in calaamadaha iyo astaamaha ciladaha wadnaha ay mararka qaar qaadan karto asbuucyo ama bilooyin inta aan la ogaan kahor. Waxyeellada abadiyanka ah ama geerida ayaa imaan kara haddii aan la aqoonsan lana dawayn xili hore.

☐ **DIID Refuse**

Xarafka koobaad ee Magaca Waalidka/Masuulka:
Parent/Guardian Initials

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.

☐ **DIB U DHIG Delay**

Saxiixa marqaatiga
Witness Initials

Baaritaanno kasta oo **DIB LOO DHIGAY,** fadlan sheeg magaca qofka samaynaaya baaritaanka ilmahaaga:
For any **DELAYED** screenings, please provide the name of who will complete your baby's screening:

Magaca rugta caafimaadka/dhakhtarka/umulisada:
Clinic/provider/midwife name:

Magaca oo Far waawayn ku Qoran ee Waalidka ama Masuulka:
Parent or Guardian Printed Name:

Saxiixa Waalidka ama Masuulka:
Parent or Guardian Signature:

Taariikhda:
Date:

Xariirka Kala dhexeeya Ilmaha Dhashay:
Relationship to Newborn:

Lambarka Taleefanka:
Phone Number:

Tilmaamaha Isbitaalka / Umilisada ee Buuxinta Foomkaan

Hospital/Midwife Instructions for Completing this Form

Magaca oo Far waawayn ku Qoran ee Marqaatiga
Witness Printed Name:

Saxiixa Markhaatiga:
Witness Signature:

Darajada / Doorka Marqaatiga:
Witness Title / Role:

Magaca oo Far waawayn ku Qoran ee Marqaatiga Labaad (qasab maaha):
Second Witness Printed Name (optional):

Saxiixa Marqaatiga Labaad (qasab maaha):
Second Witness Signature (optional):

Waalidiinta / masuuliyiinta ayaa diiday ama dib u dhigay qaarkood ama dhammaan qaybaha baaritaanka ilmaha dhashay **waxayna** doorteen inaysan saxiixin.

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

Dhakhaatiirta - ku soco bogga 3

BOGGA 3 EE 3

Diidmada Waalidka ama Dib U dhaca Baaritaanka Ilmaha dhashay

WAXAA BUUXINAAYA ISBITAALKA / UMULISADA KELIYA

To be completed by hospital/midwife only

Bogga 1 ee foomka Diidmada Waalidka ama Dib U dhaca Baaritaanka Ilmaha dhashay waa in la buuxshaa. Foomka la saxiixay waa in uu qayb ka noqdaa diiwaanka caafimaadka ilmaha dhashay waana in nuqulkiisa la siiyaa Waaxda Caafimaadka (Xeerka MN 144.125).

Si loo fududeeyo hanaanka loogana fogaado xiriirada badan ee shaqaalaha baaritaanka ilmaha dhashay, fadlan fakis ugu dir ama boostada ugu dir foomka MDH todobo maalmood gudahood kadib dhalashada.

Wac **651-201-5466** wixii su'aalo ah.

Foomka orjinaalka ah u dir:

Diiwaanka caafimaadka Ilmaha Dhashay

Nuqul u dir:

Minnesota Department of Health

Newborn Screening

P.O. Box 64899

St. Paul, MN 55164-0899

Fakiska: (651) 215-6285

Iimeylka: health.newbornscreening@state.mn.us

Nuqul u dir:

Sp- Waalidka/ Masuulka Sharciga ah

Nuqul u dir:

Daryeela Bixiyaaha Kowaad / Xarunta Caafimaadka

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