



## Parent/Guardian Acknowledgement and Refusal of Cytomegalovirus (CMV) Screening

The **Georgia Department of Public Health Rule 511-5-5** mandates that all babies born in Georgia who fail their final hearing screening receive Congenital Cytomegalovirus (cCMV) testing before hospital discharge or 21 days of age, whichever occurs earlier.

Parents or guardians can refuse cCMV testing.

**Instructions:** Complete and sign this form. Forward the completed form to DPH by faxing to (404) 657-2773 or email to [DPH-NBS@dph.ga.gov](mailto:DPH-NBS@dph.ga.gov). This form shall be retained in the child's medical record for the period of time defined by the hospital or provider policy.

### What is cCMV?

Congenital Cytomegalovirus (cCMV) is a common virus that can be passed from a mother to her baby during pregnancy, affecting about 1 in 200 babies in the United States. This infection can lead to serious health issues like hearing loss, developmental delays, and vision problems, with up to 20% of affected babies developing permanent disabilities. cCMV is the leading cause of non-genetic hearing loss in newborns. Early detection (before 21 days of life) and treatment, such as antiviral medicines, hearing aids, or cochlear implants, can help reduce the impact of cCMV. Additional information can be found at <https://dph.georgia.gov/EHDI/ccmv>.

<b>Child's Name</b> (Last)	<b>Child's Name</b> (First)	<b>Child's Name Date of Birth:</b> / / {MM/DD/YYYY}
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<b>Address</b>
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<b>City</b>	<b>State</b>	<b>ZIP</b>
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<b>Parent/Guardian Printed Name</b> (First and Last)	<b>Relationship to Child</b>
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<b>Mother's Name at Time of Delivery</b> (if different than above)	<b>Phone Number</b>
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<b>Delivery Location</b> <input type="checkbox"/> Hospital / Birthing Center <input type="checkbox"/> Other	<b>Delivery Hospital / Birthing Center Name</b>
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### Attestation Statement

I, \_\_\_\_\_, (Parent or Legal Guardian's First and Last Name), affirm that I am the parent of legal guardian of the child named above. By signing this document, I acknowledge that I have read this document, or it has been read to me. I understand that by signing, I confirm that my provider has given me both verbal and written information about CMV screening, and I have been informed to make the best decision for my child as their parent/guardian.

<b>Printed Name</b>	<b>Signature</b>
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<b>Date Signed</b>
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