

## Hearing Report

Date of Birth Range: Apr 1 2010 - Apr 30 2010

**Report Criteria:**

**Determination**

**Status**

**Group By** Hospital

**Diagnosis**

**Center**

**Report Format** Current Status

**Diagnosis Type**

**Report Type** Summary

Date Printed: 6/14/2010

| Medical Rec. No:                     | Parent Name: | Infant Name:       | Sex: | DOB: | Birth Order: | NICU: | Not Reported | Pass | Passed with Risk Factor | Referred | Hearing Loss | Not Screened | Not Screened Reason: |
|--------------------------------------|--------------|--------------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
| <i>Subtotal:</i>                     |              | <i>Patients: 2</i> |      |      |              |       | 0            | 2    | 0                       | 0        | 0            | 0            |                      |
| <b>A BIRTH CENTER</b>                |              |                    |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                     |              | <i>Patients: 4</i> |      |      |              |       | 2            | 1    | 0                       | 0        | 0            | 1            |                      |
| <b>A LOVING START</b>                |              |                    |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                     |              | <i>Patients: 1</i> |      |      |              |       | 0            | 0    | 0                       | 0        | 0            | 1            |                      |
| <b>A MOTHER'S NATURE HOME BIRTHS</b> |              |                    |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                     |              | <i>Patients: 3</i> |      |      |              |       | 3            | 0    | 0                       | 0        | 0            | 0            |                      |
| <b>A WOMAN'S WAY</b>                 |              |                    |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                     |              | <i>Patients: 1</i> |      |      |              |       | 0            | 0    | 0                       | 0        | 0            | 1            |                      |
| <b>AGAPE MIDWIFERY</b>               |              |                    |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                     |              | <i>Patients: 1</i> |      |      |              |       | 1            | 0    | 0                       | 0        | 0            | 0            |                      |
| <b>ALL BRIGHT BEGINNINGS</b>         |              |                    |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                     |              | <i>Patients: 3</i> |      |      |              |       | 3            | 0    | 0                       | 0        | 0            | 0            |                      |
| <b>ALL CHILDREN'S HOSPITAL</b>       |              |                    |      |      |              |       |              |      |                         |          |              |              |                      |

| Medical Rec. No:                          | Parent Name:     | Infant Name: | Sex: | DOB: | Birth Order: | NICU: | Not Reported | Pass | Passed with Risk Factor | Referred | Hearing Loss | Not Screened | Not Screened Reason: |
|---|------------------|--------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
| <i>Subtotal:</i>                          | <i>Patients:</i> | 68           |      |      |              |       | 2            | 31   | 1                       | 0        | 1            | 33           |                      |
| <b>ARNOLD PALMER HOSP</b>                 |                  |              |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                          | <i>Patients:</i> | 1            |      |      |              |       | 0            | 1    | 0                       | 0        | 0            | 0            |                      |
| <b>BABY LOVE BIRTH CENTER</b>             |                  |              |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                          | <i>Patients:</i> | 3            |      |      |              |       | 0            | 1    | 0                       | 0        | 0            | 2            |                      |
| <b>BAPTIST HOSP OF MIAMI</b>              |                  |              |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                          | <i>Patients:</i> | 329          |      |      |              |       | 8            | 258  | 1                       | 6        | 0            | 56           |                      |
| <b>BAPTIST HOSPITAL PENSACOLA</b>         |                  |              |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                          | <i>Patients:</i> | 87           |      |      |              |       | 0            | 87   | 0                       | 0        | 0            | 0            |                      |
| <b>BAPTIST MED CTR - NASSAU</b>           |                  |              |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                          | <i>Patients:</i> | 28           |      |      |              |       | 2            | 25   | 0                       | 0        | 0            | 1            |                      |
| <b>BAPTIST MED CTR OF JAX</b>             |                  |              |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                          | <i>Patients:</i> | 207          |      |      |              |       | 1            | 187  | 1                       | 3        | 0            | 15           |                      |
| <b>BAPTIST MEDICAL CTR SOUTH</b>          |                  |              |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                          | <i>Patients:</i> | 133          |      |      |              |       | 1            | 127  | 0                       | 4        | 0            | 1            |                      |
| <b>BAY MEDICAL CENTER</b>                 |                  |              |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                          | <i>Patients:</i> | 28           |      |      |              |       | 1            | 27   | 0                       | 0        | 0            | 0            |                      |
| <b>BAYFRONT MEDICAL CENTER</b>            |                  |              |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                          | <i>Patients:</i> | 254          |      |      |              |       | 1            | 248  | 0                       | 0        | 0            | 5            |                      |
| <b>BAYFRONT MEDICAL CENTER LABORATORY</b> |                  |              |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                          | <i>Patients:</i> | 3            |      |      |              |       | 0            | 3    | 0                       | 0        | 0            | 0            |                      |

| Medical Rec. No:                      | Parent Name:     | Infant Name: | Sex: | DOB: | Birth Order: | NICU: | Not Reported | Pass       | Passed with Risk Factor | Referred | Hearing Loss | Not Screened | Not Screened Reason: |
|---------------------------------------|------------------|--------------|------|------|--------------|-------|--------------|------------|-------------------------|----------|--------------|--------------|----------------------|
| <b>BEACHES MEDICAL CENTER</b>         |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>80</i>    |      |      |              |       | <i>1</i>     | <i>77</i>  | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>2</i>     |                      |
| <b>BELLYMAMA MIDWIFERY</b>            |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>1</i>     |      |      |              |       | <i>0</i>     | <i>0</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>1</i>     |                      |
| <b>BETHESDA MEMORIAL HOSPITAL</b>     |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>228</i>   |      |      |              |       | <i>2</i>     | <i>210</i> | <i>2</i>                | <i>1</i> | <i>0</i>     | <i>13</i>    |                      |
| <b>BIRTH CENTER OF GAINESVILLE</b>    |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>6</i>     |      |      |              |       | <i>4</i>     | <i>2</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>BIRTHING CTR. OF SOUTH FLORIDA</b> |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>1</i>     |      |      |              |       | <i>1</i>     | <i>0</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>BIRTHWAYS FAMILY BIRTH CENTER</b>  |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>3</i>     |      |      |              |       | <i>0</i>     | <i>3</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>BOCA RATON COMM HOSP</b>           |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>151</i>   |      |      |              |       | <i>0</i>     | <i>151</i> | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>BRANDON REGIONAL HOSPITAL</b>      |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>266</i>   |      |      |              |       | <i>53</i>    | <i>198</i> | <i>3</i>                | <i>1</i> | <i>0</i>     | <i>11</i>    |                      |
| <b>BREATH OF LIFE BIRTH CENTER</b>    |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>4</i>     |      |      |              |       | <i>3</i>     | <i>1</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>BROWARD GENERAL MED CTR</b>        |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>240</i>   |      |      |              |       | <i>0</i>     | <i>230</i> | <i>0</i>                | <i>2</i> | <i>0</i>     | <i>8</i>     |                      |
| <b>CAPE CANAVERAL HOSPITAL</b>        |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |

| Medical Rec. No:                    | Parent Name: | Infant Name:         | Sex: | DOB: | Birth Order: | NICU: | Not Reported | Pass | Passed with Risk Factor | Referred | Hearing Loss | Not Screened | Not Screened Reason: |
|-------------------------------------|--------------|----------------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
| <i>Subtotal:</i>                    |              | <i>Patients: 51</i>  |      |      |              |       | 0            | 51   | 0                       | 0        | 0            | 0            |                      |
| <b>CAPE CORAL HOSPITAL</b>          |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients: 109</i> |      |      |              |       | 3            | 95   | 3                       | 5        | 0            | 3            |                      |
| <b>CAPITAL REG. MEDICAL CENTER</b>  |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients: 73</i>  |      |      |              |       | 2            | 69   | 0                       | 2        | 0            | 0            |                      |
| <b>CENTRAL FLA REG HOSP</b>         |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients: 65</i>  |      |      |              |       | 1            | 64   | 0                       | 0        | 0            | 0            |                      |
| <b>CITRUS MEMORIAL HOSPITAL</b>     |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients: 49</i>  |      |      |              |       | 0            | 47   | 0                       | 1        | 0            | 1            |                      |
| <b>COMM HOSP OF NPR/BIRTHPLACE</b>  |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients: 59</i>  |      |      |              |       | 0            | 59   | 0                       | 0        | 0            | 0            |                      |
| <b>CORAL SPRINGS MEDICAL CENTER</b> |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients: 179</i> |      |      |              |       | 0            | 178  | 0                       | 0        | 0            | 1            |                      |
| <b>COUNTRYSIDE BIRTHING PLACE</b>   |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients: 1</i>   |      |      |              |       | 0            | 1    | 0                       | 0        | 0            | 0            |                      |
| <b>CYNTHIA DENBOW</b>               |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients: 1</i>   |      |      |              |       | 0            | 1    | 0                       | 0        | 0            | 0            |                      |
| <b>DESOTO MEMORIAL HOSP</b>         |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients: 40</i>  |      |      |              |       | 0            | 40   | 0                       | 0        | 0            | 0            |                      |
| <b>ENGLEWOOD COMMUNITY HOSPITAL</b> |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients: 1</i>   |      |      |              |       | 1            | 0    | 0                       | 0        | 0            | 0            |                      |

| Medical Rec. No:                      | Parent Name: | Infant Name:         | Sex: | DOB: | Birth Order: | NICU: | Not Reported | Pass | Passed with Risk Factor | Referred | Hearing Loss | Not Screened | Not Screened Reason: |
|---------------------------------------|--------------|----------------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
| <b>FLA WEST COAST BIRTHING CTR</b>    |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 1</i>   |      |      |              |       | 1            | 0    | 0                       | 0        | 0            | 0            |                      |
| <b>FLAGLER HOSPITAL</b>               |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 95</i>  |      |      |              |       | 1            | 91   | 3                       | 0        | 0            | 0            |                      |
| <b>FLORIDA HOSP CELEBRATION HLTH</b>  |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 57</i>  |      |      |              |       | 0            | 55   | 1                       | 0        | 0            | 1            |                      |
| <b>FLORIDA HOSP MEMORIAL MED CTR</b>  |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 112</i> |      |      |              |       | 9            | 100  | 0                       | 3        | 0            | 0            |                      |
| <b>FLORIDA HOSPITAL - ALTAMONTE</b>   |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 37</i>  |      |      |              |       | 0            | 33   | 2                       | 1        | 0            | 1            |                      |
| <b>FLORIDA HOSPITAL - DELAND</b>      |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 67</i>  |      |      |              |       | 2            | 64   | 0                       | 1        | 0            | 0            |                      |
| <b>FLORIDA HOSPITAL - WATERMAN</b>    |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 66</i>  |      |      |              |       | 1            | 65   | 0                       | 0        | 0            | 0            |                      |
| <b>FLORIDA HOSPITAL HEARTLAND</b>     |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 55</i>  |      |      |              |       | 0            | 53   | 0                       | 2        | 0            | 0            |                      |
| <b>FLORIDA HOSPITAL ORLANDO - LAB</b> |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 399</i> |      |      |              |       | 0            | 380  | 4                       | 3        | 0            | 12           |                      |
| <b>FLORIDA HOSPITAL ORMOND</b>        |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 1</i>   |      |      |              |       | 0            | 1    | 0                       | 0        | 0            | 0            |                      |
| <b>FLORIDA HOSPITAL-ZEPHYRHILLS</b>   |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |

| Medical Rec. No:                    | Parent Name: | Infant Name:     | Sex:       | DOB: | Birth Order: | NICU: | Not Reported | Pass       | Passed with Risk Factor | Referred  | Hearing Loss | Not Screened | Not Screened Reason: |
|-------------------------------------|--------------|------------------|------------|------|--------------|-------|--------------|------------|-------------------------|-----------|--------------|--------------|----------------------|
| <i>Subtotal:</i>                    |              | <i>Patients:</i> | <i>35</i>  |      |              |       | <i>1</i>     | <i>31</i>  | <i>0</i>                | <i>2</i>  | <i>0</i>     | <i>1</i>     |                      |
| <b>FRUITFUL VINE MIDWIFERY SERV</b> |              |                  |            |      |              |       |              |            |                         |           |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients:</i> | <i>8</i>   |      |              |       | <i>8</i>     | <i>0</i>   | <i>0</i>                | <i>0</i>  | <i>0</i>     | <i>0</i>     |                      |
| <b>FT WALTON BCH MED CTR</b>        |              |                  |            |      |              |       |              |            |                         |           |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients:</i> | <i>102</i> |      |              |       | <i>0</i>     | <i>95</i>  | <i>1</i>                | <i>0</i>  | <i>0</i>     | <i>6</i>     |                      |
| <b>GOOD SAMARITAN HOSP</b>          |              |                  |            |      |              |       |              |            |                         |           |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients:</i> | <i>49</i>  |      |              |       | <i>1</i>     | <i>46</i>  | <i>0</i>                | <i>1</i>  | <i>0</i>     | <i>1</i>     |                      |
| <b>GULF COAST HOSP - FT MYERS</b>   |              |                  |            |      |              |       |              |            |                         |           |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients:</i> | <i>109</i> |      |              |       | <i>1</i>     | <i>107</i> | <i>0</i>                | <i>1</i>  | <i>0</i>     | <i>0</i>     |                      |
| <b>GULF COAST MED CTR</b>           |              |                  |            |      |              |       |              |            |                         |           |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients:</i> | <i>209</i> |      |              |       | <i>9</i>     | <i>184</i> | <i>0</i>                | <i>6</i>  | <i>0</i>     | <i>10</i>    |                      |
| <b>HALIFAX MEDICAL CENTER</b>       |              |                  |            |      |              |       |              |            |                         |           |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients:</i> | <i>167</i> |      |              |       | <i>4</i>     | <i>153</i> | <i>6</i>                | <i>3</i>  | <i>0</i>     | <i>1</i>     |                      |
| <b>HEALTH CENTRAL HOSPITAL</b>      |              |                  |            |      |              |       |              |            |                         |           |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients:</i> | <i>75</i>  |      |              |       | <i>1</i>     | <i>66</i>  | <i>1</i>                | <i>2</i>  | <i>0</i>     | <i>5</i>     |                      |
| <b>HEALTH PARK MEDICAL CTR/LEE</b>  |              |                  |            |      |              |       |              |            |                         |           |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients:</i> | <i>328</i> |      |              |       | <i>2</i>     | <i>282</i> | <i>4</i>                | <i>32</i> | <i>0</i>     | <i>8</i>     |                      |
| <b>HEART &amp; HANDS HOMEBIRTH</b>  |              |                  |            |      |              |       |              |            |                         |           |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients:</i> | <i>2</i>   |      |              |       | <i>0</i>     | <i>1</i>   | <i>0</i>                | <i>0</i>  | <i>0</i>     | <i>1</i>     |                      |
| <b>HEART 2 HEART BIRTH CENTER</b>   |              |                  |            |      |              |       |              |            |                         |           |              |              |                      |
| <i>Subtotal:</i>                    |              | <i>Patients:</i> | <i>10</i>  |      |              |       | <i>3</i>     | <i>1</i>   | <i>0</i>                | <i>1</i>  | <i>0</i>     | <i>5</i>     |                      |

| Medical Rec. No: | Parent Name: | Infant Name: | Sex: | DOB: | Birth Order: | NICU: | Not Reported | Pass | Passed with Risk Factor | Referred | Hearing Loss | Not Screened | Not Screened Reason: |
|------------------|--------------|--------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
|------------------|--------------|--------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|

**HEART OF FLORIDA HOSP**

*Subtotal: Patients: 85*      3    80    1    1    0    0

**HELEN ELLIS MEMORIAL HOSPITAL**

*Subtotal: Patients: 32*      0    32    0    0    0    0

**HIALEAH HOSPITAL**

*Subtotal: Patients: 111*      0    109    0    0    0    2

**HIGHLANDS REG MEDICAL CENTER**

*Subtotal: Patients: 41*      0    40    0    0    0    1

**HOLLYWOOD BIRTH CENTER, INC**

*Subtotal: Patients: 6*      3    1    0    0    0    2

**HOLMES REG MED CTR**

*Subtotal: Patients: 194*      0    194    0    0    0    0

**HOLY CROSS HOSPITAL**

*Subtotal: Patients: 96*      0    92    0    3    0    1

**HOME BIRTH**

*Subtotal: Patients: 29*      10    8    1    1    0    9

**HOME BIRTH INC**

*Subtotal: Patients: 2*      0    2    0    0    0    0

**HOMESTEAD HOSPITAL**

*Subtotal: Patients: 106*      0    105    0    0    0    1

**INDIAN RIVER MEMORIAL HOSP**

| Medical Rec. No:                      | Parent Name: | Infant Name:     | Sex: | DOB: | Birth Order: | NICU: | Not Reported | Pass | Passed with Risk Factor | Referred | Hearing Loss | Not Screened | Not Screened Reason: |
|---------------------------------------|--------------|------------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 88   |      |              |       | 0            | 88   | 0                       | 0        | 0            | 0            |                      |
| <b>JACKSON HOSPITAL - MARIANNA</b>    |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 47   |      |              |       | 0            | 47   | 0                       | 0        | 0            | 0            |                      |
| <b>JACKSON MEMORIAL HOSPITAL</b>      |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 322  |      |              |       | 2            | 298  | 1                       | 3        | 0            | 18           |                      |
| <b>JACKSON NORTH MEDICAL CENTER</b>   |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 138  |      |              |       | 15           | 116  | 0                       | 1        | 0            | 6            |                      |
| <b>JACKSON SOUTH COMM HOSPITAL</b>    |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 77   |      |              |       | 6            | 69   | 0                       | 1        | 0            | 1            |                      |
| <b>JOE DIMAGGIO CHILDRENS HOSP</b>    |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 19   |      |              |       | 3            | 13   | 0                       | 0        | 0            | 3            |                      |
| <b>JUPITER MEDICAL CENTER</b>         |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 83   |      |              |       | 1            | 80   | 1                       | 0        | 0            | 1            |                      |
| <b>KENDALL MEDICAL CENTER</b>         |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 140  |      |              |       | 31           | 101  | 0                       | 3        | 0            | 5            |                      |
| <b>LABOR OF LOVE - DUNEDIN</b>        |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 7    |      |              |       | 5            | 2    | 0                       | 0        | 0            | 0            |                      |
| <b>LABOR OF LOVE BIRTH CTR (LUTZ)</b> |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 5    |      |              |       | 0            | 0    | 0                       | 0        | 0            | 5            |                      |
| <b>LABOR OF LOVE BIRTH CTR LAKE</b>   |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 5    |      |              |       | 4            | 1    | 0                       | 0        | 0            | 0            |                      |



| Medical Rec. No:                   | Parent Name: | Infant Name:     | Sex: | DOB:       | Birth Order: | NICU: | Not Reported | Pass       | Passed with Risk Factor | Referred | Hearing Loss | Not Screened | Not Screened Reason: |
|------------------------------------|--------------|------------------|------|------------|--------------|-------|--------------|------------|-------------------------|----------|--------------|--------------|----------------------|
| <b>LAKELAND REG MEDICAL CENTER</b> |              |                  |      |            |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                   |              | <i>Patients:</i> |      | <i>273</i> |              |       | <i>0</i>     | <i>266</i> | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>7</i>     |                      |
| <b>LAKESIDE MEDICAL CENTER</b>     |              |                  |      |            |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                   |              | <i>Patients:</i> |      | <i>33</i>  |              |       | <i>2</i>     | <i>26</i>  | <i>0</i>                | <i>5</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>LAKESIDE MEDICAL CENTER</b>     |              |                  |      |            |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                   |              | <i>Patients:</i> |      | <i>61</i>  |              |       | <i>3</i>     | <i>58</i>  | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>LAKESIDE MEDICAL CENTER</b>     |              |                  |      |            |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                   |              | <i>Patients:</i> |      | <i>102</i> |              |       | <i>1</i>     | <i>94</i>  | <i>1</i>                | <i>5</i> | <i>0</i>     | <i>1</i>     |                      |
| <b>LAKESIDE MEDICAL CENTER</b>     |              |                  |      |            |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                   |              | <i>Patients:</i> |      | <i>91</i>  |              |       | <i>0</i>     | <i>88</i>  | <i>0</i>                | <i>3</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>LAKESIDE MEDICAL CENTER</b>     |              |                  |      |            |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                   |              | <i>Patients:</i> |      | <i>1</i>   |              |       | <i>1</i>     | <i>0</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>LAKESIDE MEDICAL CENTER</b>     |              |                  |      |            |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                   |              | <i>Patients:</i> |      | <i>34</i>  |              |       | <i>0</i>     | <i>31</i>  | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>3</i>     |                      |
| <b>LAKESIDE MEDICAL CENTER</b>     |              |                  |      |            |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                   |              | <i>Patients:</i> |      | <i>1</i>   |              |       | <i>0</i>     | <i>1</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>LAKESIDE MEDICAL CENTER</b>     |              |                  |      |            |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                   |              | <i>Patients:</i> |      | <i>1</i>   |              |       | <i>0</i>     | <i>0</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>1</i>     |                      |
| <b>LAKESIDE MEDICAL CENTER</b>     |              |                  |      |            |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                   |              | <i>Patients:</i> |      | <i>153</i> |              |       | <i>4</i>     | <i>145</i> | <i>0</i>                | <i>2</i> | <i>0</i>     | <i>2</i>     |                      |
| <b>LAKESIDE MEDICAL CENTER</b>     |              |                  |      |            |              |       |              |            |                         |          |              |              |                      |

| Medical Rec. No:                      | Parent Name: | Infant Name:         | Sex: | DOB: | Birth Order: | NICU: | Not Reported | Pass | Passed with Risk Factor | Referred | Hearing Loss | Not Screened | Not Screened Reason: |
|---------------------------------------|--------------|----------------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
| <i>Subtotal:</i>                      |              | <i>Patients: 147</i> |      |      |              |       | 0            | 147  | 0                       | 0        | 0            | 0            |                      |
| <b>MEASE COUNTRYSIDE HOSPITAL</b>     |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 124</i> |      |      |              |       | 1            | 120  | 2                       | 1        | 0            | 0            |                      |
| <b>MEMORIAL HOSPITAL JACKSONVILLE</b> |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 124</i> |      |      |              |       | 1            | 122  | 0                       | 0        | 0            | 1            |                      |
| <b>MEMORIAL HOSPITAL MIRAMAR</b>      |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 248</i> |      |      |              |       | 0            | 245  | 1                       | 1        | 0            | 1            |                      |
| <b>MEMORIAL HOSPITAL WEST</b>         |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 382</i> |      |      |              |       | 1            | 367  | 5                       | 6        | 0            | 3            |                      |
| <b>MEMORIAL REG HOSP - HOLLYWOOD</b>  |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 282</i> |      |      |              |       | 6            | 261  | 1                       | 4        | 0            | 10           |                      |
| <b>MERCY HOSPITAL</b>                 |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 99</i>  |      |      |              |       | 6            | 87   | 0                       | 1        | 0            | 5            |                      |
| <b>MIAMI BEACH MATERNITY CTR</b>      |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 24</i>  |      |      |              |       | 0            | 22   | 0                       | 0        | 0            | 2            |                      |
| <b>MIAMI CHILDREN'S HOSPITAL</b>      |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 12</i>  |      |      |              |       | 6            | 3    | 0                       | 0        | 0            | 3            |                      |
| <b>MORTON F PLANT HOSP</b>            |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 189</i> |      |      |              |       | 0            | 187  | 0                       | 1        | 0            | 1            |                      |
| <b>MT SINAI MED CTR</b>               |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 201</i> |      |      |              |       | 1            | 195  | 1                       | 3        | 0            | 1            |                      |

| Medical Rec. No: | Parent Name: | Infant Name: | Sex: | DOB: | Birth Order: | NICU: | Not Reported | Pass | Passed with Risk Factor | Referred | Hearing Loss | Not Screened | Not Screened Reason: |
|------------------|--------------|--------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
|------------------|--------------|--------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|

**MUNROE REG MEDICAL CENTER**

*Subtotal: Patients: 200*      0    191    5    4    0    0

**NO HOSPITAL**

*Subtotal: Patients: 40*      11    25    0    0    0    4

**NORTH BROWARD MEDICAL CENTER**

*Subtotal: Patients: 1*      0    0    0    0    0    1

**NORTH FLORIDA REG MED CTR**

*Subtotal: Patients: 185*      0    185    0    0    0    0

**NORTH NAPLES NCH HOSPITAL**

*Subtotal: Patients: 227*      0    222    1    0    0    4

**NORTH OKALOOSA MEDICAL CENTER**

*Subtotal: Patients: 39*      0    38    0    1    0    0

**NORTH SHORE MEDICAL CENTER**

*Subtotal: Patients: 141*      0    135    0    0    0    6

**NORTHWEST MEDICAL CENTER**

*Subtotal: Patients: 116*      1    106    0    8    0    1

**ORANGE PARK MEDICAL CENTER**

*Subtotal: Patients: 190*      0    182    1    0    0    7

**ORLANDO REG SOUTH SEMINOLE**

*Subtotal: Patients: 88*      0    86    0    1    0    1

**OSCEOLA REGIONAL MED CTR**

| Medical Rec. No:                      | Parent Name: | Infant Name:         | Sex: | DOB: | Birth Order: | NICU: | Not Reported | Pass | Passed with Risk Factor | Referred | Hearing Loss | Not Screened | Not Screened Reason: |
|---------------------------------------|--------------|----------------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
| <i>Subtotal:</i>                      |              | <i>Patients: 129</i> |      |      |              |       | 1            | 127  | 0                       | 0        | 1            | 0            |                      |
| <b>OUT-OF-STATE HOSPITAL</b>          |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 8</i>   |      |      |              |       | 4            | 2    | 0                       | 0        | 0            | 2            |                      |
| <b>PALMETTO BAY MATERNITY CENTER</b>  |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 6</i>   |      |      |              |       | 0            | 5    | 0                       | 0        | 0            | 1            |                      |
| <b>PALMETTO GENERAL HOSPITAL</b>      |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 145</i> |      |      |              |       | 0            | 136  | 2                       | 0        | 0            | 7            |                      |
| <b>PALMS WEST HOSPITAL</b>            |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 83</i>  |      |      |              |       | 0            | 81   | 0                       | 1        | 0            | 1            |                      |
| <b>PARRISH MEDICAL CENTER</b>         |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 44</i>  |      |      |              |       | 0            | 42   | 2                       | 0        | 0            | 0            |                      |
| <b>PASCO REGIONAL MEDICAL CTR</b>     |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 25</i>  |      |      |              |       | 2            | 21   | 0                       | 2        | 0            | 0            |                      |
| <b>PEACE RIVER REGIONAL MED. CTR.</b> |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 93</i>  |      |      |              |       | 0            | 90   | 0                       | 0        | 0            | 3            |                      |
| <b>PHYSICIAN'S REG MEDICAL CTR</b>    |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 31</i>  |      |      |              |       | 0            | 30   | 0                       | 0        | 0            | 1            |                      |
| <b>PLANTATION GENERAL HOSPITAL</b>    |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 231</i> |      |      |              |       | 2            | 215  | 1                       | 6        | 0            | 7            |                      |
| <b>PUTNAM COMMUNITY MED CTR</b>       |              |                      |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients: 26</i>  |      |      |              |       | 1            | 25   | 0                       | 0        | 0            | 0            |                      |

| Medical Rec. No:                     | Parent Name:     | Infant Name: | Sex: | DOB: | Birth Order: | NICU: | Not Reported | Pass       | Passed with Risk Factor | Referred | Hearing Loss | Not Screened | Not Screened Reason: |
|--------------------------------------|------------------|--------------|------|------|--------------|-------|--------------|------------|-------------------------|----------|--------------|--------------|----------------------|
| <b>REGENCY MEDICAL CTR</b>           |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                     | <i>Patients:</i> | <i>120</i>   |      |      |              |       | <i>0</i>     | <i>117</i> | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>3</i>     |                      |
| <b>ROSEMARY BIRTHING HOME INC.</b>   |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                     | <i>Patients:</i> | <i>5</i>     |      |      |              |       | <i>0</i>     | <i>4</i>   | <i>1</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>SACRED HEART EMERALD COAST</b>    |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                     | <i>Patients:</i> | <i>61</i>    |      |      |              |       | <i>0</i>     | <i>60</i>  | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>1</i>     |                      |
| <b>SACRED HEART HOSPITAL</b>         |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                     | <i>Patients:</i> | <i>284</i>   |      |      |              |       | <i>1</i>     | <i>273</i> | <i>1</i>                | <i>0</i> | <i>0</i>     | <i>9</i>     |                      |
| <b>SANPERE ,ALICE, LM</b>            |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                     | <i>Patients:</i> | <i>1</i>     |      |      |              |       | <i>0</i>     | <i>1</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>SANTA ROSA MEDICAL CTR</b>        |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                     | <i>Patients:</i> | <i>29</i>    |      |      |              |       | <i>0</i>     | <i>29</i>  | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>SARASOTA MEMORIAL HOSPITAL</b>    |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                     | <i>Patients:</i> | <i>229</i>   |      |      |              |       | <i>1</i>     | <i>224</i> | <i>2</i>                | <i>0</i> | <i>1</i>     | <i>1</i>     |                      |
| <b>SEVEN RIVERS COMM HOSPITAL</b>    |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                     | <i>Patients:</i> | <i>25</i>    |      |      |              |       | <i>0</i>     | <i>25</i>  | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>SHANDS AT AGH</b>                 |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                     | <i>Patients:</i> | <i>5</i>     |      |      |              |       | <i>1</i>     | <i>4</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>SHANDS AT JACKSONVILLE</b>        |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                     | <i>Patients:</i> | <i>256</i>   |      |      |              |       | <i>4</i>     | <i>211</i> | <i>0</i>                | <i>9</i> | <i>0</i>     | <i>32</i>    |                      |
| <b>SHANDS AT LAKE SHORE HOSPITAL</b> |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |

| Medical Rec. No:                      | Parent Name: | Infant Name:     | Sex: | DOB: | Birth Order: | NICU: | Not Reported | Pass | Passed with Risk Factor | Referred | Hearing Loss | Not Screened | Not Screened Reason: |
|---------------------------------------|--------------|------------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 59   |      |              |       | 5            | 48   | 1                       | 4        | 0            | 1            |                      |
| <b>SHANDS HOSP AT THE UNIV OF FLA</b> |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 262  |      |              |       | 9            | 224  | 2                       | 10       | 0            | 17           |                      |
| <b>SOUTH FLA BAPTIST HOSP</b>         |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 23   |      |              |       | 1            | 21   | 0                       | 0        | 0            | 1            |                      |
| <b>SOUTH LAKE MEMORIAL HOSP</b>       |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 71   |      |              |       | 4            | 62   | 0                       | 4        | 0            | 1            |                      |
| <b>SOUTH MIAMI HOSPITAL</b>           |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 367  |      |              |       | 0            | 326  | 3                       | 12       | 0            | 26           |                      |
| <b>SPRING HILL REGIONAL HOSPITAL</b>  |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 142  |      |              |       | 4            | 124  | 0                       | 0        | 0            | 14           |                      |
| <b>ST JOSEPH WOMEN HOSPITAL</b>       |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 550  |      |              |       | 2            | 529  | 9                       | 5        | 0            | 5            |                      |
| <b>ST LUCIE MEDICAL CENTER</b>        |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 52   |      |              |       | 19           | 33   | 0                       | 0        | 0            | 0            |                      |
| <b>ST LUKES HOSPITAL-FAMILY BIRTH</b> |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 106  |      |              |       | 0            | 106  | 0                       | 0        | 0            | 0            |                      |
| <b>ST MARY'S HOSPITAL</b>             |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 301  |      |              |       | 0            | 291  | 1                       | 0        | 0            | 9            |                      |
| <b>ST PETE GENERAL HOSPITAL</b>       |              |                  |      |      |              |       |              |      |                         |          |              |              |                      |
| <i>Subtotal:</i>                      |              | <i>Patients:</i> | 79   |      |              |       | 3            | 70   | 2                       | 0        | 0            | 4            |                      |

| Medical Rec. No:                      | Parent Name:     | Infant Name: | Sex: | DOB: | Birth Order: | NICU: | Not Reported | Pass       | Passed with Risk Factor | Referred | Hearing Loss | Not Screened | Not Screened Reason: |
|---------------------------------------|------------------|--------------|------|------|--------------|-------|--------------|------------|-------------------------|----------|--------------|--------------|----------------------|
| <b>ST VINCENT'S MEDICAL CENTER</b>    |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>118</i>   |      |      |              |       | <i>1</i>     | <i>115</i> | <i>1</i>                | <i>0</i> | <i>0</i>     | <i>1</i>     |                      |
| <b>TALLAHASSEE MEM REG MED CTR</b>    |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>314</i>   |      |      |              |       | <i>0</i>     | <i>297</i> | <i>6</i>                | <i>2</i> | <i>0</i>     | <i>9</i>     |                      |
| <b>TAMPA GENERAL HOSPITAL</b>         |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>427</i>   |      |      |              |       | <i>1</i>     | <i>407</i> | <i>0</i>                | <i>7</i> | <i>1</i>     | <i>11</i>    |                      |
| <b>THE BIRTH CENTER</b>               |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>1</i>     |      |      |              |       | <i>1</i>     | <i>0</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>THE BIRTH COTTAGE</b>              |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>1</i>     |      |      |              |       | <i>0</i>     | <i>1</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>THE BIRTH PLACE/JENNIE JOSEPH</b>  |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>4</i>     |      |      |              |       | <i>3</i>     | <i>1</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>THE FAMILY BIRTH CTR OF NAPLES</b> |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>4</i>     |      |      |              |       | <i>0</i>     | <i>2</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>2</i>     |                      |
| <b>UNIV OF MIAMI SCHOOL OF MED</b>    |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>1</i>     |      |      |              |       | <i>0</i>     | <i>1</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>UNIVERSITY COMMUNITY HOSPITAL</b>  |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>183</i>   |      |      |              |       | <i>3</i>     | <i>164</i> | <i>0</i>                | <i>4</i> | <i>0</i>     | <i>12</i>    |                      |
| <b>UNIVERSITY OF MIAMI</b>            |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>1</i>     |      |      |              |       | <i>0</i>     | <i>1</i>   | <i>0</i>                | <i>0</i> | <i>0</i>     | <i>0</i>     |                      |
| <b>USAF 6TH MEDICAL GRP/SGSC</b>      |                  |              |      |      |              |       |              |            |                         |          |              |              |                      |

| Medical Rec. No:                      | Parent Name:     | Infant Name: | Sex: | DOB: | Birth Order: | NICU: | Not Reported | Pass         | Passed with Risk Factor | Referred  | Hearing Loss | Not Screened | Not Screened Reason: |
|---------------------------------------|------------------|--------------|------|------|--------------|-------|--------------|--------------|-------------------------|-----------|--------------|--------------|----------------------|
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>4</i>     |      |      |              |       | <i>0</i>     | <i>4</i>     | <i>0</i>                | <i>0</i>  | <i>0</i>     | <i>0</i>     |                      |
| <b>USAF HOSP EGLIN</b>                |                  |              |      |      |              |       |              |              |                         |           |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>61</i>    |      |      |              |       | <i>0</i>     | <i>60</i>    | <i>0</i>                | <i>1</i>  | <i>0</i>     | <i>0</i>     |                      |
| <b>USN HOSP JAX- NAS</b>              |                  |              |      |      |              |       |              |              |                         |           |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>1</i>     |      |      |              |       | <i>0</i>     | <i>1</i>     | <i>0</i>                | <i>0</i>  | <i>0</i>     | <i>0</i>     |                      |
| <b>USN HOSPITAL PENSACOLA</b>         |                  |              |      |      |              |       |              |              |                         |           |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>48</i>    |      |      |              |       | <i>0</i>     | <i>47</i>    | <i>0</i>                | <i>1</i>  | <i>0</i>     | <i>0</i>     |                      |
| <b>WELLINGTON REG MEDICAL CENTER</b>  |                  |              |      |      |              |       |              |              |                         |           |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>183</i>   |      |      |              |       | <i>0</i>     | <i>179</i>   | <i>1</i>                | <i>0</i>  | <i>0</i>     | <i>3</i>     |                      |
| <b>WEST BOCA MEDICAL CENTER</b>       |                  |              |      |      |              |       |              |              |                         |           |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>149</i>   |      |      |              |       | <i>0</i>     | <i>142</i>   | <i>1</i>                | <i>2</i>  | <i>0</i>     | <i>4</i>     |                      |
| <b>WEST FLORIDA HOSPITAL</b>          |                  |              |      |      |              |       |              |              |                         |           |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>42</i>    |      |      |              |       | <i>1</i>     | <i>34</i>    | <i>0</i>                | <i>7</i>  | <i>0</i>     | <i>0</i>     |                      |
| <b>WINNIE PALMER HOSPITAL</b>         |                  |              |      |      |              |       |              |              |                         |           |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>1,037</i> |      |      |              |       | <i>1</i>     | <i>1,004</i> | <i>3</i>                | <i>10</i> | <i>0</i>     | <i>19</i>    |                      |
| <b>WINTER PARK BIRTHING COTTAGE</b>   |                  |              |      |      |              |       |              |              |                         |           |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>13</i>    |      |      |              |       | <i>5</i>     | <i>8</i>     | <i>0</i>                | <i>0</i>  | <i>0</i>     | <i>0</i>     |                      |
| <b>WINTER PARK MEMORIAL HOSP</b>      |                  |              |      |      |              |       |              |              |                         |           |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>143</i>   |      |      |              |       | <i>0</i>     | <i>138</i>   | <i>3</i>                | <i>1</i>  | <i>0</i>     | <i>1</i>     |                      |
| <b>WUESTHOFF HOSPITAL - MELBOURNE</b> |                  |              |      |      |              |       |              |              |                         |           |              |              |                      |
| <i>Subtotal:</i>                      | <i>Patients:</i> | <i>45</i>    |      |      |              |       | <i>0</i>     | <i>42</i>    | <i>0</i>                | <i>0</i>  | <i>0</i>     | <i>3</i>     |                      |



| Medical Rec. No: | Parent Name: | Infant Name: | Sex: | DOB: | Birth Order: | NICU: | Not Reported | Pass | Passed with Risk Factor | Referred | Hearing Loss | Not Screened | Not Screened Reason: |
|------------------|--------------|--------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
|------------------|--------------|--------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|

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**WUESTHOFF HOSPITAL-ROCKLEDGE**

|                  |                  |    |  |  |  |   |    |   |   |   |   |   |  |
|------------------|------------------|----|--|--|--|---|----|---|---|---|---|---|--|
| <i>Subtotal:</i> | <i>Patients:</i> | 49 |  |  |  | 0 | 41 | 0 | 0 | 0 | 0 | 8 |  |
|------------------|------------------|----|--|--|--|---|----|---|---|---|---|---|--|

**Totals:**

**Not Screened Reason Counts:**

**Risk Factor Counts:**

|                          |        |
|--------------------------|--------|
| Not Reported:            | 348    |
| Pass:                    | 15,641 |
| Passed with Risk Factor: | 97     |
| Referred:                | 230    |
| Hearing Loss:            | 4      |
| Not Screened:            | 547    |
| Total                    | 16,867 |

1. Previously screened: 1
2. Missed: 23
3. Not yet screened NICU: 389
4. Transferred: 20
5. Parent Refused: 77
6. Other: 15
7. Missing Result: 22

1. PPHN: 6
2. Low Birth Weight: 320
3. Family History: 70
4. Hyperbilirubinemia: 6
5. ECMO: 1