

Children's Medical Services

Hearing Report

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

Report Criteria:

Determination

Status

Group By Hospital

Diagnosis

Center

Report Format Current Status

Diagnosis Type

Report Type Summary

Date Printed: 12/9/2010

| 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: 7</i> | | | | | 1 | 6 | 0 | 0 | 0 | 0 | |
| A BIRTH CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 3</i> | | | | | 2 | 1 | 0 | 0 | 0 | 0 | |
| A LOVING START | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 3</i> | | | | | 0 | 0 | 0 | 0 | 0 | 3 | |
| A WOMAN'S WAY | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 1</i> | | | | | 0 | 0 | 0 | 0 | 0 | 1 | |
| AGAPE MIDWIFERY | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 3</i> | | | | | 2 | 0 | 0 | 0 | 0 | 1 | |
| ALL BRIGHT BEGINNINGS | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 4</i> | | | | | 4 | 0 | 0 | 0 | 0 | 0 | |
| ALL CHILDREN'S HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 101</i> | | | | | 0 | 69 | 4 | 2 | 1 | 25 | |
| BABY LOVE BIRTH CENTER | | | | | | | | | | | | | |

| 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>2</i> | | | | | <i>0</i> | <i>2</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| BAPTIST HOSP OF MIAMI | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>423</i> | | | | | <i>2</i> | <i>391</i> | <i>1</i> | <i>4</i> | <i>0</i> | <i>25</i> | |
| BAPTIST HOSPITAL PENSACOLA | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>87</i> | | | | | <i>0</i> | <i>83</i> | <i>0</i> | <i>3</i> | <i>0</i> | <i>1</i> | |
| BAPTIST MED CTR - BEACHES | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>110</i> | | | | | <i>3</i> | <i>94</i> | <i>2</i> | <i>8</i> | <i>0</i> | <i>3</i> | |
| BAPTIST MED CTR - NASSAU | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>44</i> | | | | | <i>0</i> | <i>43</i> | <i>1</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| BAPTIST MED CTR OF JAX | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>220</i> | | | | | <i>0</i> | <i>214</i> | <i>0</i> | <i>4</i> | <i>0</i> | <i>2</i> | |
| BAPTIST MEDICAL CTR SOUTH | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>162</i> | | | | | <i>0</i> | <i>156</i> | <i>1</i> | <i>4</i> | <i>0</i> | <i>1</i> | |
| BARTOW REGIONAL MEDICAL CENTER | | | | | | | | | | | | | |
| <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> | |
| BAY MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>17</i> | | | | | <i>0</i> | <i>17</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| BAYFRONT MED CTR BABY PLACE | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>2</i> | | | | | <i>0</i> | <i>2</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| BAYFRONT MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>278</i> | | | | | <i>0</i> | <i>274</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>4</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: |
|---------------------------------------|--------------|----------------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
| BERT-FISH MED CTR INC | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 1</i> | | | | | 0 | 1 | 0 | 0 | 0 | 0 | |
| BETHESDA MEMORIAL HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 244</i> | | | | | 0 | 234 | 1 | 1 | 0 | 8 | |
| BIRTH & BEYOND | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 1</i> | | | | | 0 | 1 | 0 | 0 | 0 | 0 | |
| BIRTH CENTER OF GAINESVILLE | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 8</i> | | | | | 2 | 3 | 0 | 0 | 0 | 3 | |
| BIRTHING CTR. OF SOUTH FLORIDA | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 4</i> | | | | | 3 | 0 | 0 | 0 | 0 | 1 | |
| BIRTHWAYS FAMILY BIRTH CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 6</i> | | | | | 0 | 6 | 0 | 0 | 0 | 0 | |
| BOCA RATON COMM HOSP | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 139</i> | | | | | 0 | 135 | 2 | 0 | 0 | 2 | |
| BRANDON REGIONAL HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 337</i> | | | | | 73 | 261 | 2 | 0 | 0 | 1 | |
| BREATH OF LIFE BIRTH CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 5</i> | | | | | 3 | 2 | 0 | 0 | 0 | 0 | |
| BROWARD GENERAL MED CTR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 280</i> | | | | | 0 | 273 | 1 | 0 | 0 | 6 | |
| CAPE CANAVERAL HOSPITAL | | | | | | | | | | | | | |

| 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>73</i> | | | | | <i>0</i> | <i>72</i> | <i>0</i> | <i>1</i> | <i>0</i> | <i>0</i> | |
| CAPE CORAL HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>134</i> | | | | | <i>0</i> | <i>130</i> | <i>0</i> | <i>1</i> | <i>0</i> | <i>3</i> | |
| CAPITAL REG. MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>87</i> | | | | | <i>5</i> | <i>79</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>3</i> | |
| CENTRAL FLA REG HOSP | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>63</i> | | | | | <i>0</i> | <i>60</i> | <i>2</i> | <i>1</i> | <i>0</i> | <i>0</i> | |
| CHILDBIRTH OPTIONS | | | | | | | | | | | | | |
| <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> | |
| CITRUS MEMORIAL HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>68</i> | | | | | <i>0</i> | <i>68</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| COMM HOSP OF NPR/BIRTHPLACE | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>57</i> | | | | | <i>0</i> | <i>57</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| CORAL SPRINGS MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>207</i> | | | | | <i>1</i> | <i>204</i> | <i>1</i> | <i>0</i> | <i>0</i> | <i>1</i> | |
| COUNTRYSIDE BIRTHING PLACE | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>2</i> | | | | | <i>2</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| CYNTHIA DENBOW | | | | | | | | | | | | | |
| <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> | |
| DESOTO MEMORIAL HOSP | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>50</i> | | | | | <i>12</i> | <i>38</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</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: |
|-------------------------------------|--------------|----------------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
| <i>Subtotal:</i> | | <i>Patients: 473</i> | | | | | 0 | 457 | 1 | 5 | 0 | 10 | |
| FLORIDA HOSPITAL-ZEPHYRHILLS | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 51</i> | | | | | 4 | 37 | 0 | 5 | 0 | 5 | |
| FRUITFUL VINE MIDWIFERY SERV | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 11</i> | | | | | 3 | 7 | 0 | 0 | 0 | 1 | |
| FT WALTON BCH MED CTR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 94</i> | | | | | 1 | 90 | 0 | 1 | 0 | 2 | |
| GENTLE BIRTH OPTIONS | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 1</i> | | | | | 0 | 1 | 0 | 0 | 0 | 0 | |
| GOOD SAMARITAN HOSP | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 70</i> | | | | | 0 | 64 | 0 | 4 | 0 | 2 | |
| GULF BREEZE HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 1</i> | | | | | 0 | 1 | 0 | 0 | 0 | 0 | |
| GULF COAST HOSP - FT MYERS | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 136</i> | | | | | 0 | 136 | 0 | 0 | 0 | 0 | |
| GULF COAST MED CTR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 220</i> | | | | | 2 | 197 | 1 | 5 | 0 | 15 | |
| HALIFAX MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 150</i> | | | | | 0 | 139 | 1 | 8 | 1 | 1 | |
| HEALTH CENTRAL HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 79</i> | | | | | 1 | 76 | 0 | 1 | 1 | 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: |
|--------------------------------------|------------------|--------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
| HEALTH PARK MEDICAL CTR/LEE | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 296 | | | | | 0 | 283 | 1 | 6 | 0 | 6 | |
| HEART & HANDS HOMEBIRTH | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 1 | | | | | 0 | 1 | 0 | 0 | 0 | 0 | |
| HEART 2 HEART BIRTH CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 20 | | | | | 2 | 7 | 0 | 0 | 0 | 11 | |
| HEART OF FLORIDA HOSP | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 99 | | | | | 3 | 92 | 0 | 3 | 0 | 1 | |
| HELEN ELLIS MEMORIAL HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 60 | | | | | 0 | 60 | 0 | 0 | 0 | 0 | |
| HIALEAH HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 101 | | | | | 1 | 97 | 1 | 0 | 0 | 2 | |
| HIGHLANDS REG MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 46 | | | | | 0 | 46 | 0 | 0 | 0 | 0 | |
| HOLLYWOOD BIRTH CENTER, INC | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 6 | | | | | 3 | 2 | 0 | 0 | 0 | 1 | |
| HOLMES REG MED CTR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 247 | | | | | 1 | 239 | 2 | 1 | 1 | 3 | |
| HOLY CROSS HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 96 | | | | | 1 | 94 | 0 | 0 | 0 | 1 | |
| HOME BIRTH | | | | | | | | | | | | | |

| 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: 46</i> | | | | | 13 | 18 | 0 | 0 | 0 | 15 | |
| HOMESTEAD HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 131</i> | | | | | 1 | 127 | 0 | 0 | 0 | 3 | |
| INDIAN RIVER MEMORIAL HOSP | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 89</i> | | | | | 0 | 88 | 0 | 0 | 0 | 1 | |
| INSPIRATION FAMILY BIRTH CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 7</i> | | | | | 0 | 1 | 0 | 1 | 0 | 5 | |
| JACKSON HOSPITAL - MARIANNA | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 41</i> | | | | | 1 | 39 | 0 | 0 | 0 | 1 | |
| JACKSON MEMORIAL HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 367</i> | | | | | 1 | 321 | 0 | 9 | 0 | 36 | |
| JACKSON NORTH MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 120</i> | | | | | 0 | 116 | 2 | 0 | 0 | 2 | |
| JACKSON SOUTH COMM HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 123</i> | | | | | 0 | 120 | 0 | 1 | 0 | 2 | |
| JOE DIMAGGIO CHILDRENS HOSP | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 17</i> | | | | | 1 | 13 | 0 | 0 | 0 | 3 | |
| JUPITER MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 98</i> | | | | | 0 | 98 | 0 | 0 | 0 | 0 | |
| KENDALL MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 163</i> | | | | | 3 | 157 | 1 | 1 | 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: |
|---------------------------------------|--------------|----------------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
| LABOR OF LOVE - DUNEDIN | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 4</i> | | | | | 4 | 0 | 0 | 0 | 0 | 0 | |
| LABOR OF LOVE BIRTH CTR (LUTZ) | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 10</i> | | | | | 0 | 5 | 0 | 1 | 0 | 4 | |
| LABOR OF LOVE BIRTH CTR LAKE | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 1</i> | | | | | 0 | 1 | 0 | 0 | 0 | 0 | |
| LAKELAND MIDWIFERY CARE | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 1</i> | | | | | 0 | 1 | 0 | 0 | 0 | 0 | |
| LAKELAND REG MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 310</i> | | | | | 4 | 304 | 1 | 1 | 0 | 0 | |
| LAKESIDE MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 57</i> | | | | | 2 | 45 | 0 | 9 | 0 | 1 | |
| LAKELAND RANCH MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 55</i> | | | | | 1 | 53 | 1 | 0 | 0 | 0 | |
| LAWNWOOD REGIONAL MEDICAL CTR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 117</i> | | | | | 3 | 109 | 0 | 4 | 0 | 1 | |
| LEESBURG REGIONAL MEDICAL CTR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 106</i> | | | | | 0 | 105 | 0 | 0 | 0 | 1 | |
| LOWER KEYS MEDICAL CTR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients: 41</i> | | | | | 0 | 40 | 0 | 1 | 0 | 0 | |
| MANATEE MEMORIAL HOSPITAL | | | | | | | | | | | | | |

| 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>182</i> | | | | | <i>5</i> | <i>164</i> | <i>0</i> | <i>1</i> | <i>0</i> | <i>12</i> | |
| MARA SOL INC. | | | | | | | | | | | | | |
| <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> | |
| MARTIN MEMORIAL MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>171</i> | | | | | <i>0</i> | <i>170</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>1</i> | |
| MEASE COUNTRYSIDE HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>157</i> | | | | | <i>0</i> | <i>153</i> | <i>3</i> | <i>1</i> | <i>0</i> | <i>0</i> | |
| MEMORIAL HOSPITAL JACKSONVILLE | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>119</i> | | | | | <i>0</i> | <i>118</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>1</i> | |
| MEMORIAL HOSPITAL MIRAMAR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>299</i> | | | | | <i>0</i> | <i>297</i> | <i>1</i> | <i>0</i> | <i>0</i> | <i>1</i> | |
| MEMORIAL HOSPITAL WEST | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>392</i> | | | | | <i>1</i> | <i>385</i> | <i>1</i> | <i>4</i> | <i>0</i> | <i>1</i> | |
| MEMORIAL REG HOSP - HOLLYWOOD | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>263</i> | | | | | <i>2</i> | <i>252</i> | <i>1</i> | <i>5</i> | <i>0</i> | <i>3</i> | |
| MERCY HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>130</i> | | | | | <i>2</i> | <i>123</i> | <i>0</i> | <i>2</i> | <i>0</i> | <i>3</i> | |
| MIAMI BEACH MATERNITY CTR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>18</i> | | | | | <i>1</i> | <i>17</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| MIAMI CHILDREN'S HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>22</i> | | | | | <i>5</i> | <i>9</i> | <i>2</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: |
|------------------|--------------|--------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
|------------------|--------------|--------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|

MIDWIFE LOVE

Subtotal: Patients: 4 0 0 0 0 0 4

MORTON F PLANT HOSP

Subtotal: Patients: 273 0 265 5 2 0 1

MT SINAI MED CTR

Subtotal: Patients: 240 12 218 2 5 0 3

MUNROE REG MEDICAL CENTER

Subtotal: Patients: 245 2 232 4 6 0 1

NO HOSPITAL

Subtotal: Patients: 27 12 12 0 0 0 3

NORTH FLORIDA REG MED CTR

Subtotal: Patients: 224 2 216 1 1 1 3

NORTH NAPLES NCH HOSPITAL

Subtotal: Patients: 270 0 261 0 0 1 8

NORTH OKALOOSA MEDICAL CENTER

Subtotal: Patients: 54 0 51 0 1 0 2

NORTH RIDGE HOSPITAL/MATERNITY

Subtotal: Patients: 1 0 1 0 0 0 0

NORTH SHORE MEDICAL CENTER

Subtotal: Patients: 160 0 149 1 0 1 9

NORTHWEST MEDICAL CENTER

| 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>131</i> | | | | | <i>1</i> | <i>124</i> | <i>0</i> | <i>5</i> | <i>0</i> | <i>1</i> | |
| ORANGE PARK MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>179</i> | | | | | <i>0</i> | <i>170</i> | <i>0</i> | <i>6</i> | <i>0</i> | <i>3</i> | |
| ORLANDO REG SOUTH SEMINOLE | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>94</i> | | | | | <i>0</i> | <i>93</i> | <i>0</i> | <i>1</i> | <i>0</i> | <i>0</i> | |
| OSCEOLA REGIONAL MED CTR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>171</i> | | | | | <i>2</i> | <i>165</i> | <i>2</i> | <i>1</i> | <i>0</i> | <i>1</i> | |
| PALM BCH GARDENS MED CTR | | | | | | | | | | | | | |
| <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> | |
| PALMETTO BAY MATERNITY CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>5</i> | | | | | <i>0</i> | <i>5</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| PALMETTO GENERAL HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>152</i> | | | | | <i>1</i> | <i>143</i> | <i>4</i> | <i>0</i> | <i>0</i> | <i>4</i> | |
| PALMS WEST HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>86</i> | | | | | <i>0</i> | <i>86</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| PARRISH MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>45</i> | | | | | <i>0</i> | <i>43</i> | <i>2</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| PASCO REGIONAL MEDICAL CTR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>18</i> | | | | | <i>0</i> | <i>14</i> | <i>3</i> | <i>0</i> | <i>0</i> | <i>1</i> | |
| PEACE RIVER REGIONAL MED. CTR. | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>96</i> | | | | | <i>8</i> | <i>85</i> | <i>0</i> | <i>1</i> | <i>1</i> | <i>1</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: |
|------------------------------------|--------------|------------------|------|------------|--------------|-------|--------------|------------|-------------------------|----------|--------------|--------------|----------------------|
| PHYSICIAN'S REG MEDICAL CTR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients:</i> | | <i>43</i> | | | <i>0</i> | <i>42</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>1</i> | |
| PLANTATION GENERAL HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients:</i> | | <i>246</i> | | | <i>1</i> | <i>235</i> | <i>1</i> | <i>2</i> | <i>0</i> | <i>7</i> | |
| PUTNAM COMMUNITY MED CTR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients:</i> | | <i>43</i> | | | <i>3</i> | <i>32</i> | <i>1</i> | <i>3</i> | <i>0</i> | <i>4</i> | |
| REGENCY MEDICAL CTR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients:</i> | | <i>149</i> | | | <i>0</i> | <i>146</i> | <i>0</i> | <i>1</i> | <i>1</i> | <i>1</i> | |
| ROSEMARY BIRTHING HOME INC. | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients:</i> | | <i>5</i> | | | <i>0</i> | <i>5</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| SACRED HEART EMERALD COAST | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients:</i> | | <i>62</i> | | | <i>0</i> | <i>61</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>1</i> | |
| SACRED HEART HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients:</i> | | <i>315</i> | | | <i>0</i> | <i>309</i> | <i>0</i> | <i>2</i> | <i>0</i> | <i>4</i> | |
| SANTA ROSA MEDICAL CTR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients:</i> | | <i>28</i> | | | <i>4</i> | <i>24</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| SARASOTA MEMORIAL HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | | <i>Patients:</i> | | <i>251</i> | | | <i>1</i> | <i>244</i> | <i>2</i> | <i>2</i> | <i>0</i> | <i>2</i> | |
| SEEDLING MIDWIFERY | | | | | | | | | | | | | |
| <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> | |
| SEVEN RIVERS REG 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:</i> | 26 | | | | | 0 | 25 | 0 | 1 | 0 | 0 | |
| SHANDS AT AGH | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 5 | | | | | 1 | 2 | 0 | 2 | 0 | 0 | |
| SHANDS AT JACKSONVILLE | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 288 | | | | | 10 | 247 | 2 | 1 | 0 | 28 | |
| SHANDS AT LAKE SHORE HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 59 | | | | | 2 | 52 | 0 | 4 | 0 | 1 | |
| SHANDS HOSP AT THE UNIV OF FLA | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 282 | | | | | 2 | 263 | 6 | 6 | 0 | 5 | |
| SOUTH FLA BAPTIST HOSP | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 34 | | | | | 0 | 34 | 0 | 0 | 0 | 0 | |
| SOUTH FLORIDA WOMEN'S HEALTH CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 2 | | | | | 1 | 1 | 0 | 0 | 0 | 0 | |
| SOUTH LAKE MEMORIAL HOSP | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 61 | | | | | 2 | 58 | 0 | 1 | 0 | 0 | |
| SOUTH MIAMI HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 396 | | | | | 1 | 373 | 1 | 3 | 0 | 18 | |
| SPIRIT OF LIFE MIDWIFERY | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 1 | | | | | 0 | 0 | 0 | 0 | 0 | 1 | |
| SPRING HILL REGIONAL HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | 154 | | | | | 2 | 139 | 1 | 1 | 0 | 11 | |

| 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: |
|---------------------------------------|------------------|--------------|------|------|--------------|-------|--------------|------------|-------------------------|-----------|--------------|--------------|----------------------|
| ST JOSEPH WOMEN HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>640</i> | | | | | <i>16</i> | <i>600</i> | <i>10</i> | <i>1</i> | <i>0</i> | <i>13</i> | |
| ST JOSEPH'S HOSP NORTH | | | | | | | | | | | | | |
| <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> | |
| ST LUCIE MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>64</i> | | | | | <i>2</i> | <i>62</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| ST LUKES HOSPITAL-FAMILY BIRTH | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>112</i> | | | | | <i>0</i> | <i>110</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>2</i> | |
| ST MARY'S HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>314</i> | | | | | <i>0</i> | <i>300</i> | <i>0</i> | <i>4</i> | <i>0</i> | <i>10</i> | |
| ST PETE GENERAL HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>76</i> | | | | | <i>4</i> | <i>69</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>3</i> | |
| ST VINCENT'S MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>139</i> | | | | | <i>0</i> | <i>136</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>3</i> | |
| SWEET CHILD O MINE | | | | | | | | | | | | | |
| <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> | |
| TALLAHASSEE MEM REG MED CTR | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>336</i> | | | | | <i>0</i> | <i>323</i> | <i>9</i> | <i>0</i> | <i>0</i> | <i>4</i> | |
| TAMPA GENERAL HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>470</i> | | | | | <i>2</i> | <i>450</i> | <i>1</i> | <i>12</i> | <i>0</i> | <i>5</i> | |
| THE BIRTH PLACE/JENNIE JOSEPH | | | | | | | | | | | | | |

| 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>3</i> | | | | | <i>2</i> | <i>1</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| THE FAMILY BIRTH CTR OF NAPLES | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>4</i> | | | | | <i>2</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>2</i> | |
| UNIVERSITY COMMUNITY HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>200</i> | | | | | <i>1</i> | <i>189</i> | <i>0</i> | <i>3</i> | <i>0</i> | <i>7</i> | |
| USAF 6TH MEDICAL GRP/SGSC | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>2</i> | | | | | <i>0</i> | <i>2</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| USAF HOSP EGLIN | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>68</i> | | | | | <i>0</i> | <i>68</i> | <i>0</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| USN HOSP JAX- NAS | | | | | | | | | | | | | |
| <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> | |
| USN HOSPITAL PENSACOLA | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>48</i> | | | | | <i>0</i> | <i>46</i> | <i>0</i> | <i>2</i> | <i>0</i> | <i>0</i> | |
| WELLINGTON REG MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>212</i> | | | | | <i>0</i> | <i>211</i> | <i>1</i> | <i>0</i> | <i>0</i> | <i>0</i> | |
| WEST BOCA MEDICAL CENTER | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>175</i> | | | | | <i>5</i> | <i>160</i> | <i>1</i> | <i>4</i> | <i>0</i> | <i>5</i> | |
| WEST FLORIDA HOSPITAL | | | | | | | | | | | | | |
| <i>Subtotal:</i> | <i>Patients:</i> | <i>42</i> | | | | | <i>0</i> | <i>40</i> | <i>0</i> | <i>1</i> | <i>0</i> | <i>1</i> | |
| WHERE THE HEART IS | | | | | | | | | | | | | |
| <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> | |

| 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: |
|------------------|--------------|--------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|
|------------------|--------------|--------------|------|------|--------------|-------|--------------|------|-------------------------|----------|--------------|--------------|----------------------|

WINNIE PALMER HOSPITAL

Subtotal: Patients: 1,154 0 1,136 1 8 0 9

WINTER PARK MEMORIAL HOSP

Subtotal: Patients: 115 0 114 0 0 0 1

WUESTHOFF HOSPITAL - MELBOURNE

Subtotal: Patients: 43 2 41 0 0 0 0

WUESTHOFF HOSPITAL-ROCKLEDGE

Subtotal: Patients: 53 0 44 0 0 0 9

Totals:

Not Reported: 299
 Pass: 17,834
 Passed with Risk Factor: 102
 Referred: 214
 Hearing Loss: 9
 Not Screened: 468
 Total: 18,926

Not Screened Reason Counts:

1. Missed: 18
 2. Not yet screened NICU: 302
 3. Parent Refused: 71
 4. Missing Result: 12
 5. Transferred: 17
 6. Other: 47
 7. Previously screened: 1

Risk Factor Counts:

1. Low Birth Weight: 187
 2. Hyperbilirubinemia: 13
 3. Family History: 81
 4. ECMO: 1
 5. PPHN: 3