

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

LOANER AGREEMENT FOR HEARING SCREENING DEVICE

Florida Department of Health, Newborn Hearing Screening/EHDI Program

The EHDI Program maintains a small hearing screening equipment lending program for short-term loans while facilities are having equipment repaired or replaced. Please provide a brief statement regarding the need for loaned equipment including the anticipated return date.

Facility Receiving Loaner Equipment Information

- Name of Facility:
- Address of Facility:
- Name of person receiving equipment:
- Name of back-up person receiving equipment:
- Telephone number for person(s) receiving equipment:

Department of Health representative authorizing loaned equipment to above facility: **Kimberly Porter**
Date Device Shipped:

Type of Device:

Model Number:

Serial Number:

- ❖ ALL patient data must be deleted **before** returning the loaner equipment.
- ❖ Equipment will be shipped to the facility above by Fed Ex with tracking. It is required that the equipment is shipped back on the above date to Florida Department of Health, Newborn Hearing Screen/EHDI Program by Fed Ex with tracking at the expense of the facility above. Written notification of a return ship date to Florida Department of Health, Newborn Hearing Screen/EHDI Program is required.
- ❖ If the equipment is needed for a longer period, the facility must send The Newborn Hearing Screen/EHDI Program a written request for an extension one week before the due date above.
- ❖ Return all equipment, including any power cords and chargers to: Teryl Camus, AuD
900 Vermont Avenue, Saint Cloud, FL 34769

The signatures below indicate that the device is owned by the Department of Health Newborn Hearing Screen/EHDI Program and is loaned to the facility above with guarantee of return by Fed Ex shipping within the time stated above.

Facility Representative Signature

Date: _____

Early Hearing Detection & Intervention Coordinator

Date: _____

Florida Department of Health

Office of the State Surgeon General

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FloridaHealth.gov



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