Disaster-related Mortality Surveillance Form .Complete one form per decedent

Complete the form for all known deaths related to a disaster: This information should be obtained from a medical examiner, coroner,

hospital, funeral home or DMORT (Disaster Mortuary Team) office. Please, complete one form per decedent.

Form v1.1 Rev.03/21/2007

Part I		Ge	merai m	formation				
1.Type of disaster:					2. Facility type (info source): Please check one that best applies.			
☐ Hurricane (name) ☐ Heat wave					☐ ME office	□ Fune	eral home 🗆 Nu	arsing home
☐ Tornado ☐ Technological disas				disaster	☐ Coroner office	□ Hosj	pital	
□ Flood □ Terrorism				☐ DMORT office	□ Othe	er (specify)		
☐ Earthquake ☐ Other (specify)								
3. Facility address:					4. Contact person (informant):			
Street County/parish				NamePhone number				
State Z-code				Email Address				
Part II		De	eceased in	nformatior	1			
5. Case / medical reco	rd numb	oer:		_	6. Body identified?	□ Yes	s □ No □ Peno	ding
7. Date of Birth (MM/				Inknown	8. Age in years:	□ < 1 y	r □ Unknow	vn
9. Residential address of decedent:				Ethnicity:	11. Race:			
County/parish City				ispanic	☐ American Indian or Alaskan Native ☐ White			
StateZip code				on Hispanic				
				nknown	□ Native Hawaiian or other Pacific Islander □ Other race			
12. Gender: 13. Date of Death:					14. Time of Death:			
☐ Male ☐ Female			/	/	14. Time of Death: □(24 hr clock) 15. Date of body recovery: (MM/DD/YY)			
☐ Male ☐ Female (MM/DD/YY) ☐ Undetermined ☐ Unknown				<i></i> ′	□ Unknown		/ / □ Unknown	
			f death or	hody recov				
16. Time of body recovery: 17. Place of death or body □ (24 hr clock) □ Decedent's home □ Eval								
□ Unknown	CIOCK)	☐ Hotel /mo		□ Nursing Home / long term care facility				
□ Street/Road				□ Prison or detention center □ Other (specify)				
18 Location of death	or body				he individual was a:		= outer (speetif)	
						.	Unknown	
Intersection Forei								
20. Was the individual paid or volunteer 21. Body recovery							oulei	
							PT ¬ (Other (specify)
				enforcement ☐ Fire department ☐ DMORT ☐ Other (specify) ☐ Search and rescue ☐ Family or individual ☐ Unknown				
□ Ves □ No				morcement				
		ıknown	\square EMS		☐ Search and rescue ☐	□ Famil	y or individual 🗆	
Part III	□Un	known Caus	□ EMS se and Ci	rcumstanc	☐ Search and rescue ☐ See of death (check one	□ Famil	y or individual 🗆 t applies)	Unknown
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