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	neral infor	mauon					
1.Type of disaster:					2. Facility type (info source): Please check one that best applies.				
☐ Hurricane (name) ☐ Heat wave								fursing home	
☐ Tornado ☐ Technologica				aster	□ Coroner office	□ Hosp	ital	· ·	
□ Flood □ Terrorism									
☐ Earthquake ☐ Other (specify)							. 1		
3. Facility address:					4. Contact person (informant):				
Street County/parish					NamePhone number				
State Z-code					Email Address				
Part II		eceased info	rmation						
5. Case / medical reco	ord numl				6. Body identified?	□ Voc	□ No. □ Per	odina	
7. Data of Divith (MM	/DD/3/3/	Jei							
`						< 1 yr	l yr 🗆 Unknown		
					11. Race:				
County/parish City					☐ American Indian or Alaskan Native ☐ White				
StateZip code				Hispanic	□ Black or African American □ Asian				
				nown		waiian or other Pacific Islander Other race			
12. Gender: 13. Date of Death:					14. Time of Death: 15. Date of body recovery:				
\square Male \square Female	(1	MM/DD/YY)	/_		□(24 hr clock)				
□ Undetermined		□ Unknown			□ Unknown		_//	□ Unknown	
16. Time of body recovery: 17. Place of death or body recovery:									
□ (24 hr	clock)	□ Decedent'	s home \Box E	· · · · · · · · · · · · · · · · · · ·			□ Vehicle	☐ Hospital	
□ Unknown		□ Hotel /mo	tel □ N	□ Nursing Home / long term care facility □ He				y □ Unknown	
		□ Street/Roa	ad □ P	Prison or d	letention center	-	□ Other (specify))	
18. Location of death	or body	recovery:	19. Prior to	death, th	ne individual was a:				
				dent □ Non-resident-intrastate □ Unknown					
				eign Non-resident-interstate Other					
				covered l					
				enforcement □ Fire department □ DMORT □ Other (specify)					
	isasici i c		□ Search and rescue □ Family or individual □ Unknown						
□ Yes □ No	⊓Ur								
		ıknown	\square EMS		☐ Search and rescue ☐	Family	or individual 🗆		
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