



COVID Death Reporting Form for OCME

All suspected or confirmed COVID deaths must be reported to the OCME. You may fax this form along with a *copy of the completed death certificate* to **860-679-0355** (fax).
If death certificate is in EDRS, please enter CT Vitals ID.

Today's Date: _____ Hospital/Facility: _____

Your Name: _____ Contact Phone Number: _____

Patient Name: _____

DOB: _____ Sex: _____ Race/Ethnicity: _____

Medical Record #: _____ CT Vitals EDRS ID #: _____

Date of Hospital Admission: _____ Place of Death: DOA Date of Death: _____

ED Time of Death: _____

Inpatient

COVID TEST RESULT:	Positive	Negative	Pending	Not Tested	
DATE OF POSITIVE TEST:	_____	VACCINATED:	Yes	No	Unknown

Arrived from: Residence Facility: _____
(Name of Facility)

Street: _____

Town: _____ State: _____

Next-of-Kin Name: _____ Phone: _____

Funeral Home: _____



Fax this form AND a copy of the completed death certificate to: 860-679-0355.

