County of Los Angeles
Public Health

Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212
Los Angeles, CA 90012
213-240-7941 (phone), 213-482-4856 (facsimile)
publichealth.lacounty.gov/acd/

Coronavirus (COVID-19) Death Report Form

Required Information

PRINT FORM

DATE OF REPORT		CMR# (internal use only)	

REPORTING FACILITY INFORMATION

PROVIDER NAME (Last, First, MI)	
FACILITY NAME	
PROVIDER PHONE NUMBER	
PROVIDER EMAIL ADDRESS	
LAB-CONFIRMED CASE OR PUI?	☐ LAB-CONFIRMED CASE ☐ PUI (Person Under Investigation)

PATIENT INFORMATION

NAME (Last, First, MI)	
DATE OF BIRTH (MM/DD/YYYY)	
GENDER	☐ Male ☐ Female ☐ Other: _____
PLACE OF RESIDENCE	Address: _____ City: _____ State: _____ Zip Code: _____ Congregate living? ☐ Yes ☐ No If yes, Facility Name. _____
NAME OF HOSPITAL *(if different from reporting facility name above)*	
MEDICAL RECORD NUMBER	
DATE OF ADMISSION	
WAS PATIENT IN ICU (Y/N)?	☐ Yes ☐ No
If yes, date of ICU Admission	
WAS PATIENT INTUBATED (Y/N)?	☐ Yes ☐ No
If yes, date of intubation	
Date of extubation (if applicable)	
CO-MORBIDITIES?	
ANY OTHER VIRUSES +	
DATE OF DEATH	
HAS THE FAMILY BEEN NOTIFIED OF DEATH?	☐ Yes ☐ No ☐ Unknown
PLEASE PROVIDE NEXT OF KIN CONTACT INFORMATION	Name: _____ Relationship: _____ Phone Number: _____ Email Address: _____

TREATMENT INFORMATION

Tx: Remdesivir (Y/N)	☐ Yes ☐ No	Tx: Tocizilumab (Y/N)	☐ Yes ☐ No
Tx: Hydroxychoroquine (Y/N)	☐ Yes ☐ No	Tx: Steroids (Y/N)	☐ Yes ☐ No

ADDITIONAL NOTES

SEND COMPLETED FORM TO THE ACUTE COMMUNICABLE DISEASE CONTROL PROGRAM BY SECURE EMAIL to COVIDdeath@ph.lacounty.gov.