North Carolina Disaster Mortality Surveillance Form

For Active Mortality Surveillance in Medical Examiner, Coroner, Hospital, Funeral Home, Nursing Home or DMORT

NC Department of Health and Human Services

North Carolina Public Health

Complete form for each decedent

Facility	Facility name (description)	Facility type ☐ ME/Coroner ☐ Hospital ☐ Funeral home ☐ DMORT ☐ Nursing home
	Facility address	Contact person (informant)

Deceased Information	Case/Medical Record Number	Body Identified? ☐ Yes ☐ No ☐ Pending	Date of Death (MM/DD/YYYY) _____/_____/_____
	Address of decedent: ☐ Unknown	Location of death/recovery: ☐ Unknown	
	Age (< 1 write "Mo.")	Gender ☐ Male ☐ Female	Race/Ethnicity ☐ White ☐ Black or African American ☐ Asian ☐ Hispanic or Latino ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Pacific Islander

Cause and Circumstance of Death

Check one that best applies for either INJURY or ILLNESS

Mechanism/Cause: INJURY

- ☐ Burn
  - ☐ Chemical
  - ☐ Fire, hot object or substance
- ☐ Cold-related (e.g., hypothermia)
- ☐ Cut/penetration
  - ☐ Debris
  - ☐ Machinery (e.g., chainsaw)
- ☐ Drowning/Submersion
- ☐ Electrocution
- ☐ Fall
- ☐ Firearm/gunshot
- ☐ Heat-related
- ☐ Hit by object
- ☐ Lightening
- ☐ Poisoning **specify:**
  - ☐ CO exposure
  - ☐ Inhalation (e.g., fumes, gas)
  - ☐ Ingestion
- ☐ Structural collapse
- ☐ Suffocation/asphyxia
- ☐ Suicide / self-inflicted injury
- ☐ Vehicle collision
- ☐ Violence (non-firearm)
- ☐ Other **specify**

☐ Unknown

Mechanism/Cause: ILLNESS

- ☐ Allergic reaction
- ☐ Cardiovascular failure **specify:**
  - ☐ ASCVD
  - ☐ Congestive heart failure
  - ☐ Other
- ☐ Dehydration
- ☐ Gastrointestinal/endocrine **specify:**
  - ☐ Bleeding
  - ☐ Hepatic failure
  - ☐ Pancreatitis
  - ☐ Diabetes complication
- ☐ Neurological disorders **specify:**
  - ☐ Meningitis/ Encephalitis
  - ☐ Seizure disorder
  - ☐ Stroke
- ☐ Respiratory failure **specify:**
  - ☐ COPD
  - ☐ Pneumonia
  - ☐ Asthma
  - ☐ Pulmonary embolism
  - ☐ Other
- ☐ Renal failure
- ☐ Sepsis
- ☐ Other **specify**

☐ Unknown

Cause of Death

☐ Confirmed
☐ Probable
☐ Pending
☐ Unknown

Relationship of cause to disaster

☐ Direct
☐ Indirect
☐ Possible
☐ Undetermined

Circumstance of death (free text)

Manner/ intent of death

☐ Natural ☐ Accident ☐ Suicide
☐ Homicide ☐ Pending
☐ Undetermined

Date form completed/ Initials

_____/_____/_____ /

DHHS #4092 (2/09)
PHP&R (review 2/09)