

NOTIFICATION OF COVID-19 DEATHS

To be completed by the Consultant or Medical Officer who declares the cause of death or conducts the autopsy of the deceased (including the verbal autopsy)

Name of the hospital	:		
Name of the deceased	:		
Age	: Sex: Male Female		
Ethnicity	: Sinhalese Tamil Moor Burgher Other		
Address of the deceased			
District	: MOH Area :		
Telephone numbers of a contactable relation :			
Place of death	: Hospital During Inter-hospital transfer On admission (brought from home) Home Other		
Date of admission	: Date of death :		
Presenting Complaints	:		
Cause of death	la		
	Ib		
	Ic:		
	Id:		
	II:		
COVID-19 testing reported positive	: PCR Date tested: Rapid Date tested: Antigen		
History of co- morbidities	: CKD DM HT HD CVA COPD CLCD Malignancy Other		
COVID-19 vaccine given	: Yes No Dates: 1 st Dose 2 nd De	ose	
Type of vaccine	: Covishield Sinopharm Sputnik-V Other		
Name of the reporting officer	:		
Designation	:		
Date	:	Signature	
Please send the completed form to the Epidemiology Unit by email or fax Email: chepid@sltnet.lk (with a copy to: munasinghahathshya@gmail.org Fax: 011 2696583		hahathshya@gmail.com)	
For details, please contact: Dr Hathshya Munasinghe, Consultant Epidemiologist Mobile: 0718070		ist Mobile: 0718070593	