

Death Summary of COVID 19 Patient

Date		
Name of the Hospital		
1	Name of Patient	
2	Age / Sex	
3	Residential Address & Contact No.	
4	Occupation	
5	Date of Onset of Illness	
6	Sign & Symptoms (Details)	
7	Brief H/O Presumptive source of infection (Brief travel history or h/o contact with positive case)	
8	Associated illness /Physiological condition (if any)	
9	Details of treatment given at	
10	1. By first Doctor/ Hospital Dt. From	
11	2. Second doctor/ Hospital	
12	3. By IIW Dt. From	
13	Name of Referring Hospital	
14	Date & Time of Admission in Identified Isolation Ward (IIW)	
15	Name of IIW	
16	Date of Throat of Swab Taken	
17	Date & Result of Throat Swab	
18	Name of Laboratory	
19	Other relevant lab results - CBC, X-ray, CT Scan etc	
20	Special mention of various treatment modalities (Anti-retroviral drugs/ Oseltamivir/ HCQ or Cholroquine/ Any other	
21	Date : Time : Place of Death	
22	Cause of Death	