County of Santa Clara COVID-19 Death Report Form

Complete this form if decedent has ever tested positive for COVID-19.
Send via secure email (coronavirus@phd.sccgov.org) or secure fax (408-224-7046).
Fields in red with an asterisk (*) are mandatory. Please submit this form within 24 hours of death.

*Today's Date:	*Date of Death:	*Location of Death: ☐ Home ☐ Congregate Setting* ☐ ED* ☐ Hospital* ☐ Hospice*
*Reporting Facility Name:		*Location Name (if different from Reporting Facility):
*Name of Patient:	*DOB: MM/DD/YYYY	

Medical Examiner Notification

Has the Medical Examiner already been notified? ☐ Yes ☐ No

**If no, please do so immediately by calling 408-793-1900 ext. 2.*

COVID-19 Lab Results

*Did decedent have a: ☐ Positive PCR Test Date of specimen collection:

☐ Positive Antigen Test Date of specimen collection:

If the decedent tested positive for COVID-19, please send their PCR or antigen test result with this Death Report Form. Do not report antibody test results because they are not adequate for diagnosing COVID-19.

Patient Address

*Patient Address:

Type of housing: Select housing type

Facility Name (if applicable):

Next of Kin

Name: Phone#:

Relationship:

Additional Notes

For instructions on completing this form, go to: www.sccphd.org/covidproviders; click on "Provider Responsibilities and Guidance" page and then on "Reporting COVID-19 Deaths" in the Table of Contents.
(If additional help is needed, please contact 408-885-4214 option 3 – Provider Intake)