

## COVID-19 RELATED DEATH NOTIFICATION FORM

Community providers please ensure that the death reported meets the definition included in Appendix A on page 2.  
Please complete section 1-3 with as much information as possible.  
**Fields with asterisk (\*) are mandatory.**

### Section 1: Contact details of notifier

|                        |                  |                         |
|------------------------|------------------|-------------------------|
| Full name*:            | Title/Role*:     | Practice/ARC/Facility*: |
| Contact phone number*: | E-mail address*: |                         |

### Section 2: Death information

|   |  |  |
|---|--|--|
| NHI*:   | Date of Death*: [DD/MM/YYYY]   | Date Death reported to PHU*:[DD/MM/YYYY]   |
| Where was the person when they died?*: <input type="checkbox"/> Hospital <input type="checkbox"/> ARC <input type="checkbox"/> Home <input type="checkbox"/> Other(please specify):   |  |  |
| <i>For hospital deaths only*</i>  | Hospital name and ward at time of death:                             |  |
|   | Date of admission: [DD/MM/YYYY]                                      |  |
| Date of positive test*: [DD/MM/YYYY]  | Test type: <input type="checkbox"/> PCR <input type="checkbox"/> RAT | If RAT: <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised <input type="checkbox"/> Unknown |
| If patient was symptomatic of COVID-19 at death, please provide date of symptom onset: [DD/MM/YYYY]   |  |  |
| Vaccination status (# of shots/unknown)*: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other: <input type="checkbox"/> Unknown |  |  |
| Primary cause of death:   |  |  |
| Any co-morbidities that may have contributed to the death*:   |  |  |

### Section 3: Additional demographic details

|  |                                      |                              |
|--|--------------------------------------|------------------------------|
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | Date of Birth: [DD/MM/YYYY]          | Age at time of death:[years] |
| Ethnicity:   | City, town or district of residence: |                              |

### Section 3: Public Health Unit Use Only

|   |   |  |
|---|---|--|
| Notification received by:<br>[Name, title]                      | Notification received via: <input type="checkbox"/> phone<br><input type="checkbox"/> e-mail<br>Notification after hours: <input type="checkbox"/> Yes<br><input type="checkbox"/> No | NCTS death information updated:<br><input type="checkbox"/> Yes<br>Date: [DD/MM/YYYY]<br><input type="checkbox"/> No<br>Reason:    |
| EpiSurv #:<br>(please comment if no EpiSurv/NCTA documentation) | Notified TDHB Incident Controller before by 8am next day: <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | EpiSurv death information updated:<br><input type="checkbox"/> Yes<br>Date: [DD/MM/YYYY]<br><input type="checkbox"/> No<br>Reason: |

|   |   |  |
|---|---|--|
| Department: Taranaki Public Health Unit   | Responsibility: Taranaki Public Health Unit |  |
| Date published: 20/04/2022  | Review By Date: As required                 | Authorised by: Medical Officer of Health |
| <b>Caveat:</b> The electronic version is the Master copy and in the case of conflict, the electronic version prevails over any printed version. |   |  |

## APPENDIX A: COVID-19 Related Death Definition

As of 10 March 2022, the Ministry of Health defines a COVID-19 related death as:

1. A person who has died within 28 days of being reported as a COVID-19 case.

*Note: This is independent of the cause of death*

2. A person whose official cause of death has been coded as one of the following

- a) COVID-19 was the underlying cause of death (irrespective of when the death occurred)

- b) COVID-19 contributed to their death (irrespective of when the death occurred)

- c) Still under-investigation (only if the person died within 28 days of being reported as a case)

- d) Has been ruled as not due to COVID-19 (only if the person died within 28 days of being reported as a case)

*Note: the purpose of reporting 2d) is to provide transparency about non COVID-19 deaths included in 1.*

For helpful guidelines on certifying and coding deaths due to, or with COVID-19 please visit [COVID-19 deaths | Ministry of Health NZ](#).

|   |   |  |
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