

Checklist for all deceased patients with suspected or confirmed COVID-19

Please place completed form into pocket outside of body bag prior to leaving ward

Site.....Ward..... Verified Date of Death.....Time.....

Doctor Verifying to confirm Patients Identification with

Patient ID wrist band/patients notes /member of staff and or relative

Please print

Patient Name:	
Registration no:	NHS no:
Address:	
Date and time checked:	
Staff/relative ID check with:	
(print name)	

COVID-19 status	SWABS TAKEN : Y/N	Date:
RESULT	POSITIVE/NEGATIVE/AWAITED	

	VERIFYING Practitioner to sign when completed	MEDICAL EXAMINER to sign when completed
Patient identified using above demographics Print name		
Signature		
Qualification NMC/GMC no:		
Patient confirmed deceased		
Combustible device in situ	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If device present – please state type of device – eg PPM, SNS		
Other comments:		