

Return to:

New York State Commission of Correction
AE Smith Building, 12th Floor
80 South Swan Street, Albany, NY 12210

SCOC M187
(518) 485-2466
(518) 485-2467

6/05
24 Hr On Call
Fax machine

1. Name of Reporting Facility	2. Name of Inmate
3. Date of Death	4. Date of Birth

Section II-MEDICAL DIRECTOR'S INMATE HISTORY AND CLINICAL SUMMARY

Instructions: include in Section IIA a description of the inmate's medical and mental health status during the 90-day period prior to the death, including problem list, medications, sick call visits, infirmary/hospital admissions, mental health evaluations, laboratory findings, and treatment rendered. Include in Section II B a description of the events preceding the death, including relevant history, when symptoms were first noted, treatment provided, inmates response, circumstances of death and other relevant information. Include in Section II C the names and titles of all medical staff involved or present. Attach additional sheets if needed.

Section II A: MEDICAL AND MENTAL HEALTH HISTORY

Section II B- EVENTS PRECEDING DEATH

Section II C: MEDICAL STAFF INVOLVED IN TERMINAL EVENT

Medical Director's Signature _____ MD

Please Print Name _____