

# VERIFICATION OF DEATH

Completion of this form is not required when a doctor completes a medical certificate of cause of death (HP4720)

I declare that I examined the body of:

Person's Name:			
On (date):		At (time):	
Location of examination of body:			

and I confirm that this person is dead.

In reaching this conclusion I relied upon the following:

Either –

(a) The condition of the body, as detailed below – (At least ONE box must be ticked to confirm death)

<input type="checkbox"/>	The body showed signs of rigor mortis incompatible with life; or
<input type="checkbox"/>	The body had visible traumatic injuries incompatible with life; or
<input type="checkbox"/>	The body showed signs of decomposition incompatible with life

Or –

(b) A clinical assessment, as detailed below – (ALL assessments must be ticked to confirm death)

First Assessment	(minimum 10 minutes between)	Second Assessment
<input type="checkbox"/>	No signs of breathing for 1 minute	<input type="checkbox"/>
<input type="checkbox"/>	No palpable central pulse (carotid or femoral or brachial)	<input type="checkbox"/>
<input type="checkbox"/>	No audible heart sounds	<input type="checkbox"/>
<input type="checkbox"/>	Pupils dilated and unreactive to light	<input type="checkbox"/>

Optional additional assessment (if a defibrillator/monitor is present) –

<input type="checkbox"/>	Cardiac rhythm asystole on defibrillator/monitor
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Signature of person making declaration:		Reg No. or Identifier or Employee No:	
Name (please print):			
Name of Employer or Medical Practice:			
Practitioner Scope:	<input type="checkbox"/> Registered Medical Practitioner <input type="checkbox"/> Nurse - Practitioner, Registered, Enrolled <input type="checkbox"/> Registered Midwife	<input type="checkbox"/> Intensive Care Paramedic <input type="checkbox"/> Paramedic <input type="checkbox"/> Emergency Medical Technician	

Only persons falling within one of the above practitioner scopes can sign this declaration.