



Name of Reporting Facility	Name of Deceased Inmate
Date of Death	Date of Birth

**MEDICAL DIRECTOR'S INMATE HISTORY AND CLINICAL SUMMARY**

Instructions: Within 10 days of an inmate's death, the facility Medical Director must complete this form and provide a copy to the Commission of Correction. Include in Section A 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 B a description of the events preceding the death, including relevant history, when symptoms were first noted, treatment provided, inmate's response, circumstances of death and other relevant information. Include in Section C the names and titles of all medical staff involved or present. Attach additional sheets if needed.

**Section A: MEDICAL AND MENTAL HEALTH HISTORY**

**Section B- EVENTS PRECEDING DEATH**

**Section C: MEDICAL STAFF INVOLVED IN TERMINAL EVENT**

Medical Director's Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_