# HOW DO I REPORT DEATHS IN EVERS?
## (Medical Facilities)

Log into NYC MED first via web address www.nyc.gov/nycmed.



Enter your NYCMED username and password and click Sign in

For Assistance with your NYCMED login call the NYCMED helpdesk

https://a816-healthpsi.nyc.gov/NYCMED/Account/Login

NYCMED

File   Edit   View   Favorites   Tools   Help

Convert   Select

Suggested Sites (137)   Suggested Sites (132)   Suggested Sites (95)   Suggested Sites (81)   Suggested Sites (70)   Suggested Sites (41)

Page   Safety   Tools

NYC   Health                                                                                                    311   Search all NYC.gov websites

Promoting and Protecting the City's Health                        NYC Health                          Select Language | ▼   Text-Size

🏠 NYCMED    Collaboration▾

## NYCMED

Welcome JASON BOURNE (JBOURNE@HOTMAIL.COM)

- Change Password
- Update Profile

Logout

## HEALTH ALERT NETWORK

The Health Alert Network (HAN) contains public health information for medical providers, including: up-to-date health alert information delivered to your inbox and archived on the web, an online document library on public health topics, and an online community to exchange information and ideas with your colleagues. All medical providers in New York City may access the HAN.

Go to HAN ▶    Join HAN    Unsubscribe HAN

### APPLICATIONS

**Agency Services**
- EVERS – Electronic Vital Events Registration System
- Dog Licensing Application
- DOHMH Site Locator
- DOHMH Site Locator - Animal Services
- DOHMH Site Locator - Child Care Locator
- DOHMH Site Locator - Farmers Market
- DOHMH Site Locator - Hepatitis
- DOHMH Site Locator - NYC Condoms
- DOHMH Site Locator - Seasonal Influenza
- DOHMH Site Locator - Ryan White Services
- Secure File Transfer Service
- Water Tank

**Community Services**
- Apply for Food Protection Course

Click here to Access **EVERS**

- Health Research Training Program
- Healthy Start Brooklyn
- Local Law 37
- NYC Condom Order Form
- NYC Pesticide Use Reporting System

**Provider Services**
- Public Health Emergency Response Network Auxiliary Distribution Program (PHERN ADP)
- Levels of Service (LOS)
- EVERS Training Application
- City Health Information (CHI) Subscription
- Immunization Facilities Registration
- Disease Reporting Central
- Early Intervention Transportation Provider eBilling
- Electronic System for HIV/AIDS Reporting & Evaluation
- Health Alert Network (HAN)
- HIV Care Status Report
- Medical Reserve Corp Scheduling
- Mental Health Provider Portal
- Mental Health Maven System
- Public Health Emergency Response Network
- OSCR

🔍 90% ▼

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Type your **EVERS** username and password. Remember these are case sensitive.

Click Login

## The City of New York
### Department of Health and Mental Hygiene

Username:

Password:

Version #: 13.2.4.42558

Login

Forgot your password?

Select Life Events, Death, and Start/Edit New Case



The home page will show "Fast Links" for you to quickly access commonly used EVERS features

You must enter Last Name, Date of Death, and Gender to start your case.



Click **SEARCH**

Please Note:  For infants with no first name, please leave first name field blank, and override the soft edit for the First name.



Click here if your case does not appear above

## Decedent Page



**Validate Page** checks for errors and save the data.  There are two types of errors, Hard Edits which appear in Red, and Soft Edits which appear in Yellow.  Hard Edits are errors that must be addressed and corrected or the physician will not be able to sign the certificate.  Soft Edits are errors that must be addressed, and if needed, must be overridden or the physician will not be able to sign the certificate.

Note that the status bar is always displayed

Main | Life Events | Queues | Forms | Help

The City of New York Department of Health and Mental Hygiene

**Death Registration Menu**
**Personal Information**
▸ Decedent
**Medical Certification**
▸ Pronouncement
▸ Place of Death
▸ Cause of Death
▸ Other Factors
▸ Certifier
**Other Links**
Comments
Print Forms
Refer to Medical Examiner
Validate Registration

744529  : Testing MAR-26-2015
/Personal Invalid/Fact of Death Invalid/Medical Invalid/Not Registered/Unsigned/Unpronounced/Uncertified/NA/Fact of Death Pending/FIPS Coding Required/GIS Coding Required/Personal Pending/Medical Pending

**Decedent**

Will medical institution be responsible for final disposition?  No ▾

Infant Identifier  ▾

Decedent Name Presumed?  Confirmed ID ▾

**Decedent's Legal Name**
First | Middle | Other Middle | Last | Suffix
| | | Testing |

**Aliases**
Add/Edit Alias Names

Gender  Social Security Number  ○ None ○ Unknown
Male ▾

Date of Birth | | Under 1 Year Months Days | Under 1 Day Hours Minutes | SSN Verification Status
Age | Years | | | Verify SSN  UNVERIFIED (0)

**Decedent's Birth Place**
City or Town | State | Country
| | United States

Ever in US Armed Forces?  ▾

Validate Page | Next | Clear | ave | Return

**Validation Results**  List All Errors  Save Overrides  Hide

| Error Message | Override | Goto Field | Popup |
|---|---|---|---|
| DR_0039:  Decedent's first name cannot be left blank. Enter the Decedent's first name. | ☑ | fix 🔍 | fix 🔍 |

Second, click on Save Overrides

First, check this box

**Example of a Soft Edit:**

The error message in the above screen shot means you have a case with no first name.  Therefore, you **MUST** override the error message if the decedent does not have a first name.  First check the Override box, and then click Save Overrides.  Click **Next** to go to the next page.

Please note the errors will remain yellow, but the physician will still be able to sign the certificate.

## Pronouncement Page

**Enter the Time of Death**

**Enter the Date Last Attended by Physician**

**Click here to look up the name of the physician**

Please Note:  If the physician is an Intern or Resident (not licensed) you must check the Intern/Resident (if not licensed) box, and then enter the license of the attending physician.  After the above fields are completed, click **Validate Page** and then click the **Next** button.

## Place of Death Page

**Select the type of place of death from the drop-down**

**This question must be answered**

Click **Validate Page**, and then click **Next**.

## Cause of Death Page



**Time intervals must be entered for each Cause entered. If unknown, type Unknown**

Click **Validate Page**, and then click **Next**.

## Other Factors Page

Answer the questions that are enabled.

Please Note: If you answered Yes for **Was this Case Referred to OCME**, you must check the Non-Reportable Death box, and enter the name of the Medical Examiner you spoke to.



**If Decedent is an infant under one year old, you must enter the Birth facility information.**

Click **Validate Page**, and then click **Next**.

**Certifier Page**



Click **Validate Page**.

After you validate the Certifier page, you should get the Pronounce/Certify link if all edits were addressed.  Otherwise, select Validate Registration under Other Links to see edit rule failures.



Please Note:  If you are a medical facility user, and you log in with your username and password, you will not see the Pronounce/Certify link.  Only Physician accounts have the ability to see this link.

To sign the certificate, Click on Pronounce/Certify, check all affirmations, click Affirm and place the finger on the biometric device. (Only the finger that was enrolled will be accepted).



Note that the biometric box is white and not green



Authentication Successful means the Physician has successfully signed the Certificate

To print the certificate, click on **Print Forms**, and then click on **Work Copy**.

File   Edit   View   Window   Help

Create

Click here only to print

Tools   Comment   Share

DATE FILED    THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH**    Certificate No.

DOHMH
USE ONLY

BOR

INST

MANNER

RESIDENCE

CODE

BP

LDIS

H

ANC

NH

ANC

ICD

AUT

**1. DECEDENT'S LEGAL NAME**  TEST    TESTING
(First, Middle, Last)

| Place Of Death | 2a. New York City | 2c. Type of Place | 4 ☐ Nursing Home/Long Term Care Facility | 2d. Any Hospice care in last 30 days | 2e. Name of hospital or other facility (if not facility, street address) |
|---|---|---|---|---|---|
| | 2b. Borough | 1 ☒ Hospital Inpatient | 5 ☐ Hospice Facility | 1 ☐ Yes | |
| | | 2 ☐ Emergency Dept./Outpatient | 6 ☐ Decedent's Residence | 2 ☒ No | Allen Pavilion |
| | Manhattan | 3 ☐ Dead on Arrival | 7 ☐ Other Specify ___ | 3 ☐ Unknown | |

| Date and Time of Death | 3a. (Month) | (Day) | (Year-yyyy) | 3b. Time | | 4. Sex | 5. Date last attended by a Physician |
|---|---|---|---|---|---|---|---|
| | March | 26 | 2015 | 08:45 | ☒ AM  ☐ PM | Male | mm 03  dd 26  yyyy 2015 |

6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. **See instructions on reverse of certificate.**

Name of Physician  Judith Physician Smith MD        Signature  _Judith Physician Smith_    ☒ D.O.  ☐ M.D.
                   (Type or Print)                                Signature Electronically Authenticated

Address  123 Any Street, New York, New York 10013    License No. 12345        Date MAR-26-2015

| 7a. Usual Residence State | 7b. County | 7c. City or Town | 7d. Street and Number | Apt. No. | ZIP Code | 7e. Inside City Limits? 1 ☐ Yes 2 ☐ No |
|---|---|---|---|---|---|---|

| 8. Date of Birth (Month) (Day) (Year-yyyy) | 9. Age at last birthday (years) | Under 1 Year | | Under 1 Day | | 10. Social Security No. |
|---|---|---|---|---|---|---|
| | | Months | Days | Hours | Minutes | |

11a. Usual Occupation (Type of work done during most of working life. Do not use "retired")    11b. Kind of business or industry    12. Aliases or AKAs

| 13. Birthplace (City & State or Foreign Country) | 14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) |
|---|---|
| | 1 ☐ 8th grade or less; none   4 ☐ Some college credit, but no degree   7 ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) |
| | 2 ☐ 9th – 12th grade; no diploma   5 ☐ Associate degree (e.g., AA, AS)   8 ☐ Doctorate (e.g., PhD, EdD) or |
| | 3 ☐ High school graduate or GED   6 ☐ Bachelor's degree (e.g., BA, AB, BS)   Professional degree (e.g., MD, DDS, DVM, LLB, JD) |

| 15. Ever in U.S. Armed Forces? | 16. Marital/Partnership Status at time of death | 17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage)(First, Middle, Last) |
|---|---|---|
| 1 ☐ Yes  2 ☐ No | 1 ☐ Married   2 ☐ Domestic Partnership   3 ☐ Divorced | |
| | 4 ☐ Married, but separated   5 ☐ Never Married   6 ☐ Widowed | *** *** |
| | 7 ☐ Other, Specify ___   8 ☐ Unknown | |

| 18. Father's Name (First, Middle, Last) | 19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) |
|---|---|
| *** *** | *** *** |

| 20a. Informant's Name | 20b. Relationship to Decedent | 20c. Address (Street and Number | Apt. No. | City & State | ZIP Code) |
|---|---|---|---|---|---|
| *** *** | | *** *** *** *** | | | *** |

| 21a. Method of Disposition | 21b. Place of Disposition (Name of cemetery, crematory, other place) |
|---|---|
| 1 ☐ Burial   2 ☐ Cremation   3 ☐ Entombment   4 ☐ City Cemetery | |
| 5 ☐ Other Specify | |

| 21c. Location of Disposition (City & State or Foreign Country) | 21d. Date of Disposition | mm | dd | yyyy |
|---|---|---|---|---|

| 22a. Funeral Establishment | 22b. Address (Street and Number | City & State | ZIP Code) |
|---|---|---|---|

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
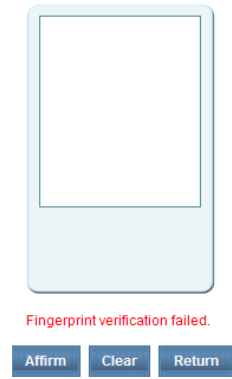
Troubleshooting for Unsuccessful Attempts at Certification

If your authentication was not successful, you will get one of several messages:

1. "Bad Image": The device could not read your fingerprint. Click OK to try again. Click Affirm and place your finger on the device again.



Fingerprint verification failed.

Affirm  Clear  Return

2. "Verification failed – Invalid user": This means that the verification software was unable to match the fingerprint with the profile of the person who was selected to be the Certifier in the death record. You will need to check several things:
   • Make sure your name is entered into the Pronouncer and Certifier portion of the death record and was selected from the look-up menu as opposed to being typed into the fields. If you need to change the name, make sure you save the changes.
   • Make sure the finger you are trying to use is being recognized properly by the system. Contact your System Administrator for assistance with verifying and testing that your fingerprints are enrolled in your user profile.

3. "No support devices found": The connection between the device and the computer needs to be refreshed / re-established.
   • Logout of EVERS and re-start the computer.
   • If re-starting the computer does not work, you may need to reinstall the driver software. Contact your System Administrator for assistance.

For questions regarding EVERS, please contact:

Constituent Services Unit
New York City Department of Health and Mental Hygiene
(646) 632-6705
evers@health.nyc.gov

Have you seen our website yet? Go ahead, take a look now! http://www.nyc.gov/evers