



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

Log into NYC MED first via web address [www.nyc.gov/nycmed](http://www.nyc.gov/nycmed).

The screenshot shows the NYC MED login page in an Internet Explorer browser. The page has a header with the NYC Health logo and navigation links. The main content area features a 'Sign-Up For a NYC MED Account' section and a 'Sign in with your NYC MED Account' section. A green callout box points to the 'Sign in' button in the sign-in section, containing the text: 'Enter your NYC MED username and password and click Sign in'. Another green callout box points to the 'Need Help?' section, containing the text: 'For Assistance with your NYC MED login call the NYC MED helpdesk'. The 'Need Help?' section provides contact information: 'NYC MED Email: [nycmed@health.nyc.gov](mailto:nycmed@health.nyc.gov)' and 'Helpdesk: 1-888-NYC MED-9'. At the bottom, there is an 'APPLICATIONS' section with three columns: 'Agency Services', 'Community Services', and 'Provider Services', each listing various services available to users.

**Sign-Up For a NYC MED Account**  
NYCMED is the point of entry for providers to access many N...  
Learn about and access other reporting platforms and services at both the city and federal level in this section as well.

**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](#)

**Sign in with your NYC MED Account**

Enter your User ID  
Password  
[Sign in](#)  
[Create an account](#)  
[I don't know my password](#)

Need Help? I don't know my username or having other problems signing in?  
NYC MED Email: [nycmed@health.nyc.gov](mailto:nycmed@health.nyc.gov)  
Helpdesk: 1-888-NYC MED-9

**APPLICATIONS**

Agency Services	Community Services	Provider Services
<ul style="list-style-type: none"><li>• EVERS – Electronic Vital Events Registration System</li><li>• Dog Licensing Application</li><li>• DOHMH Site Locator</li><li>• DOHMH Site Locator - Animal Services</li><li>• DOHMH Site Locator - Child Care Locator</li><li>• DOHMH Site Locator - Farmers Market</li><li>• DOHMH Site Locator - Hepatitis</li><li>• DOHMH Site Locator - NYC Condoms</li><li>• DOHMH Site Locator - Seasonal Influenza</li><li>• DOHMH Site Locator - Ryan White Services</li><li>• Secure File Transfer Service</li><li>• Water Tank</li></ul>	<ul style="list-style-type: none"><li>• Apply for Food Protection Course</li><li>• Childcare Connect</li><li>• Environmental Data Exchange Network</li><li>• Epi Query</li><li>• Group Child Care and Summer Camp Orientation</li><li>• Health Academy Training Courses</li><li>• Health Research Training Program</li><li>• Healthy Start Brooklyn</li><li>• Local Law 37</li><li>• NYC Condom Order Form</li><li>• NYC Pesticide Use Reporting System</li></ul>	<ul style="list-style-type: none"><li>• Public Health Emergency Response Network Auxiliary Distribution Program (PHERN ADP)</li><li>• Levels of Service (LOS)</li><li>• EVERS Training Application</li><li>• City Health Information (CHI) Subscription</li><li>• Immunization Facilities Registration</li><li>• Disease Reporting Central</li><li>• Early Intervention Transportation Provider eBilling</li><li>• Electronic System for HIV/AIDS Reporting &amp; Evaluation</li><li>• Health Alert Network (HAN)</li><li>• HIV Care Status Report</li><li>• Medical Reserve Corp Scheduling</li></ul>

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

File Edit View Favorites Tools Help

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

NYC Health 311 Search all NYC.gov websites

Promoting and Protecting the City's Health

NYCMED Collaboration

## NYCMED

Welcome JASON BOURNE (JBOURNE@HOTMAIL.COM)

- Change Password
- Update Profile

Logout

## HEALTH ALERT NETWORK

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Go to HAN Join HAN Unsubscribe HAN

### APPLICATIONS

Agency Services	Community Services	Provider Services
<ul style="list-style-type: none"><li>EVERS - Electronic Vital Events Registration System</li><li>Dog Licensing Application</li><li>DOHMH Site Locator</li><li>DOHMH Site Locator - Animal Services</li><li>DOHMH Site Locator - Child Care Locator</li><li>DOHMH Site Locator - Farmers Market</li><li>DOHMH Site Locator - Hepatitis</li><li>DOHMH Site Locator - NYC Condoms</li><li>DOHMH Site Locator - Seasonal Influenza</li><li>DOHMH Site Locator - Ryan White Services</li><li>Secure File Transfer Service</li><li>Water Tank</li></ul>	<ul style="list-style-type: none"><li>Apply for Food Protection Course</li><li>Health Research Training Program</li><li>Healthy Start Brooklyn</li><li>Local Law 37</li><li>NYC Condom Order Form</li><li>NYC Pesticide Use Reporting System</li></ul>	<ul style="list-style-type: none"><li>Public Health Emergency Response Network Auxiliary Distribution Program (PHERN ADP)</li><li>Levels of Service (LOS)</li><li>EVERS Training Application</li><li>City Health Information (CHI) Subscription</li><li>Immunization Facilities Registration</li><li>Disease Reporting Central</li><li>Early Intervention Transportation Provider eBilling</li><li>Electronic System for HIV/AIDS Reporting &amp; Evaluation</li><li>Health Alert Network (HAN)</li><li>HIV Care Status Report</li><li>Medical Reserve Corp Scheduling</li><li>Mental Health Provider Portal</li><li>Mental Health Maven System</li><li>Public Health Emergency Response Network</li><li>OSCR</li></ul>

Click here to Access EVERS

The City of New York  
Department of Health and Mental Hygiene

Username:

Password:

Version #: 13.2.4.42558

Forgot your password?

Login

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

Click Login

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

Main Life Events Queues Forms Help

Death Locate Case Start/Edit New Case

Fast Links

Messages Current Activities Death Locate Case Death Start/Edit New Case Registration Work Queue Summary

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

Main Life Events Queues Forms Help

The City of New York Department of Health and Mental Hygiene

Death Start/Edit New Case

Decedent's Information

First: Last: Testing Date of Death: MAR-26-2015

Gender: Male SSN: Date of Birth:

Case Id: ME Case Number:

Place of Death Location Type: Borough Place of Death:

Click **SEARCH**

Search Clear

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

Main Life Events Queues Forms Help

The City of New York Department of Health and Mental Hygiene

Death Search Results

There are no cases that match the criteria you have entered.  
If this is a new case, select the Start New Case button or select the New Search button to perform a new search.

If case does not appear above, start new case New Search

Click here if your case does not appear above

## Decedent Page

[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  
/New Event/New Event/New Event/Not Registered/Unsigned/Unpronounced/Uncertified/NA

**Decedent**

Will medical institution be responsible for final disposition?  **DO NOT CHANGE if there is a funeral home**

Infant Identifier

Decedent Name Presumed?

**Decedent's Legal Name**

First  Middle  Other Middle  Last  Suffix

**Aliases**

Add/Edit Alias Names

Gender  Social Security Number  ☐ None ☐ Unknown

Date of Birth  Age  Years  Months  Days  Hours  Minutes  SSN Verification Status  Verify SSN

**Decedent's Birth Place**

City or Town  State  Country

Ever in US Armed Forces?

**Click here before you go to the next 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

The screenshot shows the 'Decedent' form in the Death Registration System. The 'Validation Results' section at the bottom contains an error message: 'DR\_0039: Decedent's first name cannot be left blank. Enter the Decedent's first name.' A green callout box points to the 'Override' checkbox, which is checked. Another green callout box points to the 'Save Overrides' button. A third green callout box points to the 'Next' button. The status bar at the top indicates '744529 :Testing MAR-26-2015'.

### 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.

[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
- Validation

**744529 :Testing MAR-26-2015**

/Personal Invalid/Fact of Death Valid/Medical Invalid/Not Registered/Unregistered/Unannounced/Unconfirmed/NA/FIPS Coding Required/GIS Coding Required/Personal Pending/Medical Pending

**Pronouncement**

Date and Time of Death or found dead

Date of Death  Time of Death

Date Last Attended by Physician

Pronouncer Name  Intern/Resident (if not licensed) ☒

First Middle Last Suffix

Personal Street Name City or Town State Country Zip Code

Date Pronounced

Enter the Time of Death

Enter the Date Last Attended by Physician

Click here to look up the name of the physician

[Validate Page](#)
[Next](#)
[Clear](#)
[Save](#)
[Return](#)

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.

**The City of New York Department of Health**

**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

**Testing MAR-26-2015**

Personal Invalid/Fact of Death Valid/Medical Invalid/Unpronounced/Unreported/Unsigned/Unpronounced/Uncertified/N/A/FIPS  
Required/Personal Pending/Medical Pending

**Place Of Death**

Type of place of death: **Hospital-Inpatient** Other Specify \_\_\_\_\_

Facility Name: **Allen Pavilion** Any Hospice Care in Last 30 Days: **No**

**Address**

Borough: **Manhattan**

Street Number: **123** Pre Directional: **<** Street Name: **Any Street** Street Designator: **<** Post Directional: **<** Apartment Number: \_\_\_\_\_

City or Town: **New York** County: **New York** State: **New York** Country: **United States** Zip Code: **10013**

**Validate Page Next Clear Save Return**

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

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
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Validate Registration

744529 :Testing MAR-26-2015
/Personal Invalid/Fact of Death Valid/Medical Invalid/Not Registered/Unsigned/Unperformed/Required/Personal Pending/Medical Pending/ICD Coding Required
Cause of Death
NCHS Recommendations for Entry of Cause of Death
Enter the chain of events- diseases or complications- that directly caused the death. DO NOT enter terminal conditions such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one condition on a line. Add additional lines if necessary.
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease that preceded the events resulting in death) LAST.
Cause of Death
PART I
Line a
Respiratory Arrest
Immediate Cause (Final disease or condition resulting in death)
Line b
Chronic Obstructive Pulmonary Disease
Due to or as a consequence of
Line c
Carcinoma of the Lung
Due to or as a consequence of
Line d
Diabetes
Other significant conditions
PART II

Time intervals must be entered for each Cause entered. If unknown, type Unknown
Approximate Interval Onset to Death
2 minutes
6 months
18 months

Validate Page
Next
Clear
Save
Return

**Other Factors Page**

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.

[Main](#)
[Life Events](#)
[Queues](#)
[Forms](#)
[Help](#)

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

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- Personal Information
- Decedent**
- Medical Certification
- Pronouncement
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**744529 :Testing MAR-26-2015**

/Personal Invalid/Fact of Death Valid/Medical Invalid/Not Registered/Unsigned/Unpronounced/Uncertified/NA/FIPS Coding Required/GIS Coding Required/Personal Pending/Medical Pending/ICD Coding Required

**Other Factors**

Autopsy Performed	<input type="text" value="No"/>
Autopsy findings available to complete cause of death	<input type="text"/>
If Female, specify pregnancy status	<input type="text" value="Not Applicable"/>
If pregnant within one year of death, outcome of pregnancy	<input type="text"/>
Date of Outcome	<input type="text"/>
Did tobacco use contribute to death	<input type="text" value="Yes"/>
Manner of Death	<input type="text" value="Natural"/>
Was this Case Referred to OCME?	<input type="text" value="Yes"/> ME Case Number <input type="text" value="M1501475"/> Non-Reportable Death <input checked="" type="checkbox"/>

**Case Reviewed at OCME by:**

Lookup

First	Middle	Last	Suffix
<input type="text" value="Mary"/>	<input type="text"/>	<input type="text" value="Examiner"/>	<input type="text"/>

**If infant under 1 year**

Birth Facility Name

---

Pre Directional  Street Name  Street Designator  Post Directional  Apartment Number

State  Country  Zip Code

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

## Certifier Page

Click here to copy the pronouncer information  
OR -

Click on the lookup to search for the physician's name

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

**Certifier**

☒ Copy Pronouncer to Certifier

**Certifier Name**

License Number  Intern/Resident (If Not Licensed) ☐

First  Middle  Last  Suffix

Date  Title

**Certifier Address**

Street Number  Pre Directional  Street Name  Street Designator  Post Directional  Apartment Number

City or Town  State  Country  Zip Code

Date Certified

Certifier is signing on Behalf of another

**Validate Page** **Clear** **Save** **Return**

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.

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

**Certifier**

☒ Copy Pronouncer to Certifier

**Certifier Name**

License Number  Intern/Resident (If Not Licensed) ☒

First  Middle  Last  Suffix

Date  Title

**Certifier Address**

Street Number  Pre Directional  Street Name  Street Designator  Post Directional  Apartment Number

City or Town  State  Country  Zip Code

Date Certified

Certifier is signing on Behalf of another

**Validate Page** **Next** **Clear** **Save** **Return**

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).

**Death Registration Menu**

- Personal Information
- Decedent
- Medical Certification
  - Pronouncement
  - Place of Death
  - Cause of Death
  - Other Factors
  - Certifier
  - Pronounce/Certify**
  - Pronounce
  - Certify
- Other Links
  - Comments
  - Print Forms
  - Refer to Medical Examiner
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**744529 :Test Testing MAR-26-2015**  
/Personal Invalid/Fact of Death Valid/Medical Valid/Not Registered/Unsigned/U  
Required/Personal Pending/ICD Coding Required/Certification Required

**Affirmations**

Affirm the following:

- ☒ I am submitting herewith a confidential report of the cause of death.
- ☒ By submitting this information, I affirm under the penalty of perjury that I am the authorized certifier whose name will appear on this certificate.
- ☒ A medical practitioner affirms: Death occurred at the time, date and place indicated and that death was due entirely to natural causes. A Medical Examiner affirms: On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated.

**Place Finger**

**Affirm** Clear Return

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- Personal Information
- Decedent
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  - Pronouncement
  - Place of Death
  - Cause of Death
  - Other Factors
  - Certifier
  - Pronounce/Certify**
  - Pronounce
  - Certify
- Other Links
  - Comments
  - Print Forms
  - Refer to Medical Examiner
  - Validate Registration

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/Personal Invalid/Fact of Death Valid/Medical Valid/Not Registered/Unsigned/Pronounced/Certified/NA/FIPS Coding Required/GIS Coding Required/Personal Pending/ICD Coding Required

**Affirmations**

Authentication successful.

Clear Return

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

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- Personal Information
- Decedent
- Medical Certification
  - Pronouncement
  - Place of Death
  - Cause of Death
  - Other Factors
  - Certifier
  - Pronounce/Certify**
  - Pronounce
  - Certify
- Other Links
  - Comments
  - Print Forms**
  - Refer to Medical Examiner
  - Validate Registration

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/Personal Invalid/Fact of Death Valid/Medical Valid/Not Registered/Unsigned/Pronounced/Certified/NA/FIPS Coding Required/GIS Coding Required/Personal Pending/ICD Coding Required

**Print Forms**

Burial Permit Cannot be printed unless your facility is responsible for the completion of the personal data on this case.

Work Copy

Return

WorkCopy.pdf (SECURED) - Adobe Acrobat Pro

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.

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

**2a. New York City** **2b. Borough** **2c. Type of Place** **4** **2d. Any Hospice care in last 30 days** **2e. Name of hospital or other facility (if not facility, street address)**

**Manhattan** **1** **5** **1** **Allen Pavilion**

**2** **3** **6** **2** **3**

**3a. (Month)** **3b. Time** **4. Sex** **5. Date last attended by a Physician**

**March** **26** **2015** **08:45** **PM** **Male** **mm** **dd** **yyyy**

**03** **26** **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** **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?**

**8. Date of Birth** **9. Age at last birthday** **10. Social Security No.**

**11a. Usual Occupation** **11b. Kind of business or industry** **12. Aliases or AKAs**

**13. Birthplace** **14. Education** **7** **8** **6**

**15. Ever in U.S. Armed Forces?** **16. Marital/Partnership Status at time of death** **17. Surviving Spouse's/Partner's Name**

**1** **2** **3** **4** **5** **6** **7** **8**

**18. Father's Name** **19. Mother's Maiden Name**

**20a. Informant's Name** **20b. Relationship to Decedent** **20c. Address** **Apt. No.** **City & State** **ZIP Code**

**21a. Method of Disposition** **21b. Place of Disposition** **21d. Date of Disposition**

**21c. Location of Disposition** **22a. Funeral Establishment** **22b. Address** **City & State** **ZIP Code**

**THIS CERTIFICATE NOT VALID UNLESS FILED IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

**DOHMH USE ONLY**

**BOR**

**INST**

**MANNER**

**RESIDENCE**

**CODE**

**BP**

**LDIS**

**H**

**ANC**

**NH**

**ANC**

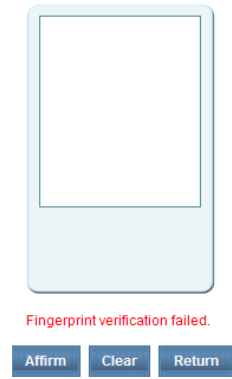
**ICD**

**AUT**

## 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.



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](mailto:evers@health.nyc.gov)

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