

New Jersey Department of Health

MEDICAL AID IN DYING FOR THE TERMINALLY ILL ACT
ATTENDING PHYSICIAN FOLLOW UP FORM

Filing Instructions:

- 1. This form is intended for use by the Office of the Chief State Medical Examiner to seek additional information from an Attending Physician under P.L. 2019, c. 59.
2. Upon the receipt of the Attending Physician Compliance Form and/or a report of a death of a suspected Medical Aid in Dying Patient, the Office of the Chief State Medical Examiner (OCSME) will contact the Attending Physician by phone to facilitate accurate and timely death certificate completion and statistical reporting.
3. During follow-up, OCSME staff will seek any outstanding compliance forms or missing addenda.
4. If a patient's death has not yet been filed in the Electronic Death Registration System (EDRS) at the time of follow-up, OCSME will facilitate the completion of timely and accurate death certificate filing. This may necessitate asking additional questions required in EDRS.

Date of Filing: [Month/Day/Year]

Table with 4 columns: Patient's Name, [Last Name, First Name, Middle Name], Patient's Date of Birth, [Month/Day/Year]

Patient's Cause of Death:

ANSWER ONE

- Terminal Illness, Disease, or Condition with medical aid in dying.
Terminal Illness, Disease, or Condition without medical aid in dying.
Other:

COMPLIANCE INFORMATION

Has the Attending Physician filed the Patient's death in the Death Certificate in Electronic Death Registration System (EDRS) Yet?

ANSWER ONE

- Yes - Skip to Attending Information.
No - OCSME will guide the Attending Physician through the EDRS filing process before continuing to Attending Information.
Unknown - OCSME will guide the Attending Physician through the EDRS filing process before continuing to Attending Physician Information. OCSME will notify the New Jersey Office of Vital Statistics & Registry (OVSR) of potential duplicative death certificate filings.

Has the Attending Physician already submitted the required compliance forms to OCSME at DOH? If not, request a complete report be filed within 30 days of the Patient's death.

CHECK ALL THAT APPLY

- Attending Physician Compliance Form
Copy of the Request for Medication to End My Life in a Humane and Dignified Manner
Consulting Physician Compliance Form
(If Applicable) Mental Health Professional Compliance Form

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ATTENDING PHYSICIAN'S INFORMATION			
Physician's Name:	<i>[Last Name, First Name, Middle Name]</i>	Physician's Telephone Number:	<i>[10-digit]</i>
Physician's Facility Name:			
Physician's Mailing Address:	<i>[Street Address]</i>	<i>[City, State, Zip Code]</i>	
Physician's License Number:			

**AUTHORIZATION BY OFFICE OF THE STATE CHIEF MEDICAL EXAMINER**

OSCME Investigator's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*[Last Name, First Name, Middle Name]* *[Month/Day/Year]*