



City and County of San Francisco

Office of the Chief Medical Examiner

Overdose Death Reporting Form

The purpose of this form is to comply with the reporting of overdose deaths pursuant to Article 4, Section 227 of the City and County of San Francisco’s Health Code. The form will be utilized to assist with Article 4, Section 227(c) reporting of accidental overdoses to the Mayor, Board of Supervisors, and Department of Public Health. This form will be kept electronically with the case file.

Decedent Information

Race: Asian – Chinese Asian – Filipino Asian – Japanese Asian or Pacific Islander
 Black Hispanic Native American or Alaska Native White Other Unknown

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Sex: Male Female Non-binary Other Unknown

Date of Death: _____ **Age:** _____ years -or- _____ months (under 1 year)

Cause of death: _____

Other significant conditions: _____

San Francisco Residence Zip Code: _____ No fixed address Outside of SF Unknown

San Francisco Death Location Zip Code: _____

Drugs Contributing to the Death (check all that apply):

Cocaine Fentanyl Heroin Medicinal Opioids Methamphetamine Other

Name of Physician Reporting: _____ **Date:** _____

Please fax completed form to the OCME at (415) 641-2250 for review and processing.