### Infant’s Information

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1. **On what day and at what approximate time did the infant arrive at the hospital?**
   - [ ] Month / Day / Year : 

2. **Hospital Information:**
   - Name ____________________________
   - Address ____________________________

3. **Name of physician responsible for treatment at hospital.**
   - Name ____________________________
   - Phone ____________________________

4. **Name physician who signed the death certificate.**
   - Name ____________________________
   - Phone ____________________________

5. **What was the level of consciousness upon arrival at the hospital?**
   - [ ] Breathing [ ] Not breathing [ ] Responsive [ ] Unresponsive [ ] Dead

   **What did the infant look like upon arrival at the hospital?** *(Check all that apply)*
   - [ ] a) Discolorations ........................................
   - [ ] b) Secretions ........................................
   - [ ] c) Livor mortis ........................................
   - [ ] d) Pale areas around nose or mouth ...
   - [ ] e) Retinal hemorrhages .............................
   - [ ] f) Cutaneous petechiae ..............................
   - [ ] g) Bruising or other injury ..........................
   - [ ] h) Suspicion of inflicted trauma ..............
   - [ ] i) Malnourished ....................................
   - [ ] j) Other ................................................

   **Describe and specify location:**
   - [ ]

6. **How did the infant feel upon arrival at the hospital?**
   - [ ] Sweaty [ ] Warm to touch [ ] Cool to touch [ ] Rigid, stiff [ ] Limp, flexible
   - [ ] Unknown [ ] Other => Specify ____________________________

7. **List all treatments and procedures (T&P) administered to the infant at the hospital:**
   - **Approx. Time** | **Outcome**
   - 1. _______________________________________
   - 2. _______________________________________
   - 3. _______________________________________
   - 4. _______________________________________

8. **Hospital staff’s comments regarding family’s reaction to infant’s death.**

   ___________________________________________

   ___________________________________________

   ___________________________________________

   ___________________________________________

### Investigator’s Notes

**Indicate the task(s) performed.**
- [ ] Obtain medical records or code sheet
- [ ] Secure evidence and release infant’s property

Section completed on __________ / ______ / ________ at __________ by __________

How conducted: [ ] In person [ ] Telephone [ ] Other ___________________________________________