

Basic = Intermediate

DEATH

Date of death:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day

Month

Year

Principal cause of death:

- Head injury/initial injury
- Head injury/secondary intracranial damage
- Systemic trauma
- Medical complications
- Other _____
- Unknown

DEATH

Date of death:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day

Month

Year

Principal cause of death:

- Head injury/initial injury
- Head injury/secondary intracranial damage
- Systemic trauma
- Medical complications
- Other _____
- Unknown

Main causes of death (max 3):

Cause 1:

ICD-10 code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
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Cause 2:

ICD-10 code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
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Cause 3:

ICD-10 code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
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