

Attachment 9



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention (CDC)
Atlanta GA 30333

CITY: ATLANTA
CITY CODE: _____

Weekly Mortality Report

Week: _____ Week ending date: _____ (mm/dd/yyyy)

Form Approved:
OMB No. 0920-0007

Age	Total Deaths Including Pneumonia and Influenza	Pneumonia	Influenza
Under 28 days			
28 days – 1 yr			
1 – 4 yrs			
15 – 24 yrs			
25 – 44 yrs			
45 – 64 yrs			
65 – 74 yrs			
75 – 84 yrs			
≥85 yrs			
Unknown			
Total			

INSTRUCTIONS:

THE REPORTING PERIOD is a seven-day week ending on Saturday.

THE NUMBER OF DEATHS is the number of certificates received by your office during the reporting period, regardless of date of death. The count includes all certificates of deaths occurring in your city regardless of the residence of the deceased. It does not include fetal deaths (stillbirths).

FAX your report to: **1(800) 767-8542** at the close of work Friday.

State Health Department Official who completed this report:

Name: _____ Telephone: (_____) _____ Date: _____ (mm/dd/yyyy)

Public reporting burden of this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0007). Do not send the completed form to this address.