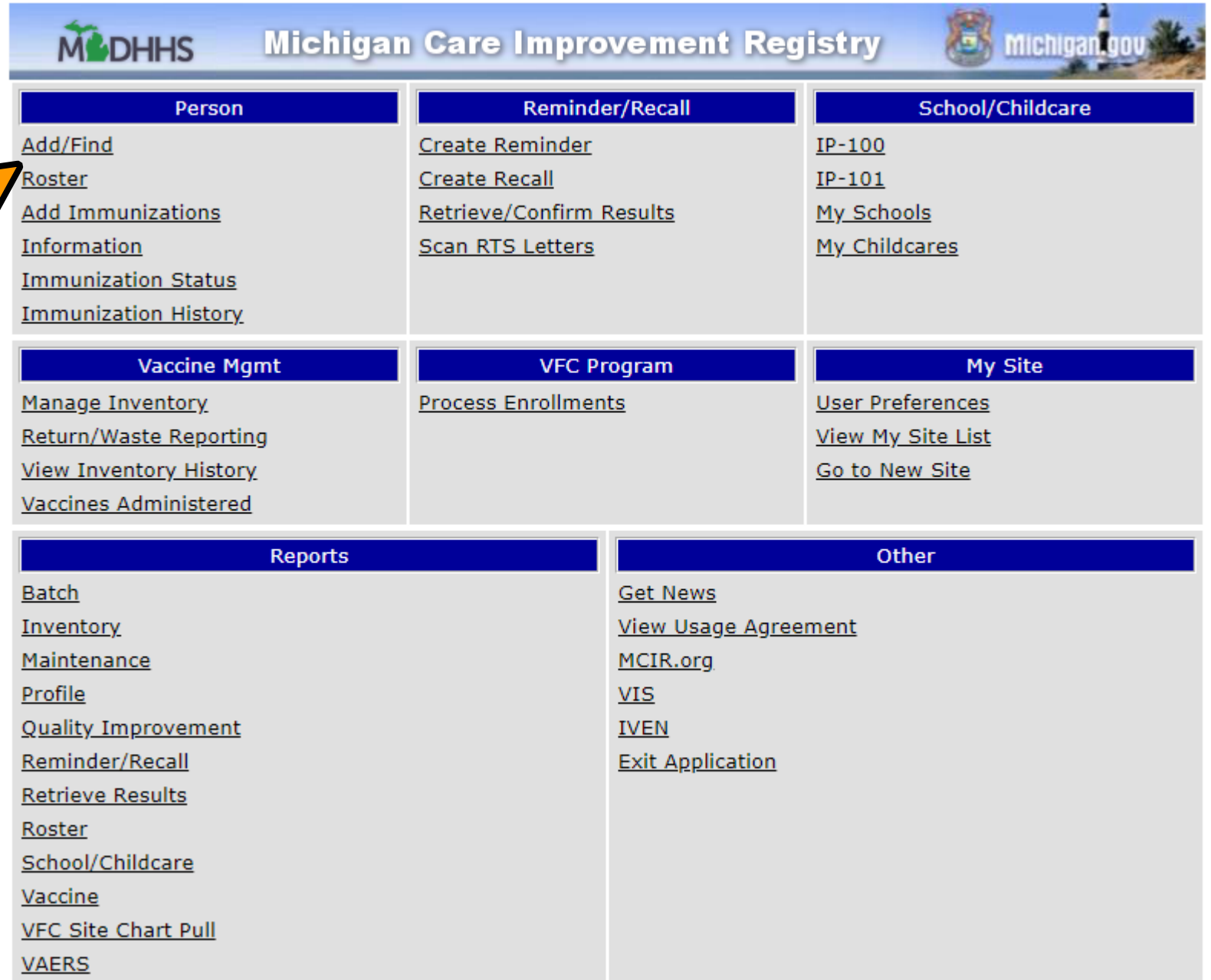


Record a Person as Deceased



Search for the Person



MDHHS Michigan Care Improvement Registry Michigan.gov

Person	Reminder/Recall	School/Childcare
Add/Find	Create Reminder	IP-100
Roster	Create Recall	IP-101
Add Immunizations	Retrieve/Confirm Results	My Schools
Information	Scan RTS Letters	My Childcares
Immunization Status		
Immunization History		

Vaccine Mgmt	VFC Program	My Site
Manage Inventory	Process Enrollments	User Preferences
Return/Waste Reporting		View My Site List
View Inventory History		Go to New Site
Vaccines Administered		

Reports	Other
Batch	Get News
Inventory	View Usage Agreement
Maintenance	MCIR.org
Profile	VIS
Quality Improvement	IVEN
Reminder/Recall	Exit Application
Retrieve Results	
Roster	
School/Childcare	
Vaccine	
VFC Site Chart Pull	
VAERS	



1. Retrieve the person's record by searching for them in MCIR.
2. Click the **Add/Find** link.

Person's General Information

- From the person's General Information screen, click the **Edit** link in the Person Information section.



Person: Test, Person
Birth Date: 05/30/1940
Provider: **Overdue** [View](#) [Print Help](#) [Home](#) [Exit](#)

General Information

Person Rem/Rcl Sch/CC VIM VFC My Site Rpts Oth

[Add/Find](#) [Roster](#) [Add Imm](#) [Information](#) [Status](#) [History](#)

If this is not the correct person you may [Search Again](#) or [Add Person](#).

Person Information [Edit](#) **MCIR ID :**

Name: Test, Person Birthdate: 05/30/1940 Gender: Female
Age: 80 Years 5 Months
Resp. Party: Test, Person Jurisdiction: No County Affiliation Primary Phone:
Address: 123 Grand Avenue Secondary Phone:
Lansing, MI 48933 Address Status: Invalid
Country: United States County: No County Address Updated: 11/13/2020

High Risk Conditions : [Edit](#)

Influenza Screening Notification Potential Lead Exposure (Flint Water)
Pregnancy: [Add](#)

Immunizations						Other	
Series	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	Status
No Immunizations Given							

Other Administrations

Series	Status
No Other Administrations Given	

Dispensed Vaccines / Biologics

Vaccine/Biologic	Date	Age
No Dispensed Vaccines or Biologics Found		

Non-Administered Doses/Positive Immunity

Series/Antigen	Date	Reason	Entered by
No Non-Administered Doses/Positive Immunities Found			

Compromised Doses

Vaccine	Date	Age	Description
No Compromised Doses Found			

Invalid Doses

Series/Dose #	Vaccine	Date	Age	Reason
No Invalid Doses Found				

[Take off Roster](#) [Unlock Person](#) [Reassess Person](#)

Navigate to Medical Home Section

4. Scroll down to the Medical Home section of the Edit Person screen.
5. Click on the **Patient Provider Status** dropdown.
6. Select Deceased.

The screenshot displays the 'Edit Person' form with the following sections:

- Person Information**: Legal Last* (Test), Legal First (Person), Middle, Jr / Sr / ..., Birthdate* (05/30/1940), Gender (Female), Multiple Birth checkbox.
- High Risk Conditions**: Influenza Screening Notification, Potential Lead Exposure (Flint Water) checkboxes. Pregnancy: Add.
- Responsible Party : Add New**: Person Test 123 Medical Drive Lansing MI 48864, No County, 08/31/2020 ✓.
- Identifiers**: Medicaid, Patient ID fields.
- Birth Facility Information**: Name, State, County dropdowns.
- Medical Home**: Medical Home, Test Provider Site, Patient Provider Status (dropdown menu open showing: Active, Inactive - moved or gone elsewhere, Inactive - lost to follow up, Deceased). An orange arrow points to 'Deceased'.
- MCIR Options**: Person does not receive medical care in Michigan, Person is migrant checkboxes. Person has requested the disabling of BMI module checkbox.
- Additional Information**: Alias Name: Last, First, Mother's Maiden Name fields.

Submit to Save

7. After selecting Deceased, click **Submit** to save.

Medical Home			
Medical Home	Test Provider Site	Patient Provider Status	Deceased
MCIR Options			
<input type="checkbox"/> Person does not receive medical care in Michigan	<input checked="" type="checkbox"/> Person is deceased		
<input type="checkbox"/> Person is migrant	<input type="checkbox"/> Person has requested the disabling of BMI module		
Additional Information			
Alias Name: Last	<input type="text"/>	First	<input type="text"/>
		Mother's Maiden Name	<input type="text"/>
<input type="button" value="Submit"/>		<input type="button" value="Cancel"/>	

The End.

