## **Oregon Vital Events Registration System**

## **REQUEST MEDICAL CERTIFICATION**

The **Request Medical Certification** screen allows a Funeral Director to electronically refer a death record to a medical provider for their signature.

**Step 1:** Select the **Request Medical Certification** link. The link is in the **Death Registration Menu** in the left hand column, under the **Other Links** section.

Step 2: Select a Certifier Name.

- a. Click on the spyglass icon  $(\mathbb{N})$  next to the certifier name.
- b. When the search field appears, type the provider's last name in the Last Name field and press Enter. You may also use the percent sign (%) as a wildcard if you're unsure of the spelling. For example, searching for anders% will find you providers named Anders, Anderson, and Andersen.
- c. From the search results, click the **select** link next to the provider's name.

**Step 3:** Select the Facility/Office Name.

- a. Click on the spyglass icon ( ) next to the Facility/Office Name field.
- b. Type a percent sign (%) into the Facility Name field and press Enter.
- c. A list of all facilities associated with the provider in OVERS will appear. Click the **select** link next to the correct facility.

**Step 4:** If needed, edit the Message. Only add text to the Time of Death section or at the end of the message. Do not edit the pre-filled text, or the medical certifier may not be able to access the record.

**Step 5:** Click the **Save** button to send the request to the provider.

Personal Information	/Personal Invalid/Medical Invalid/Not Registered/Unsigned/Uncertified/NA/Personal Pending/Medical Pending/Death Potential Duplicate
Decedent	Request Medical Certification
Resident Address Family Members	Certifier Information Step 2
Informant	Certifier Name: • S
Disposition	Facility/Office Name: > 🔍 🔽
Decedent Attributes Medical Certification	First Name: Step 3
Pronouncement	Middle
Place of Death	Last Office:
Cause of Death Other Factors	Olice.
Injury	Message Please complete the medical certification for: Case Id: 9999999 - John
Certifier	Q. Doe, Date of Death: FEB-06-2015. Time of Death: https://or- vitalevents.hr.state.or.us/OVERS/
Registrar Identifiers	Step 4
Other Links	Step 5
Assign Status	Clear Save Return
Attachments Birth Death Linkage	
Comments	
Correspondence Event and Issuance History	
Geo Codes	
Decedent's MRE	
Nosology Print Forms	
Refer to Medical Examiner	
Request Medical Certification	Step 1
Transfer Case	
Disposition Approval Validate Registration	
validate Registration	