

**OPERATION ROCHESTER**  
**CLINICAL TEAM'S SCREENING FORM**

**Patient Identification**

**Exhibit number**

Code A

**BJC-18**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	<b>Code A</b>			
Unclear B				
Unexplained By Illness C				

**General Comments**

# Code A

**Final Score:**

**Screeners Name: R E Ferner**

**Date Of Screening:**

**Signature**