

ADULT/ADOLESCENT FORENSIC SEXUAL ASSAULT EXAMINATION

GENERAL INFORMATION – PLEASE PRINT

Text box area to contain reference for additional materials, extra copies of worksheets, instruction outline, timeframes for non-reports, pharmaceutical fold instructions, statewide protocol, etc.

NAME OF VICTIM	DATE OF BIRTH	SEX	RACE
ADDRESS	CITY	STATE	ZIP
RAPE CRISIS CENTER / MEDICAL FACILITY	NAME OF EXAMINER	EXAM DATE	EXAM TIME
LAW ENFORCEMENT AGENCY	LAW ENFORCEMENT OFFICER	CASE REPORT NO.	INTERPRETER

CONSENT AND RELEASE

I hereby consent to a forensic medical examination for preservation of evidence of sexual assault. I understand that I have a right to withdraw consent at any time for any portion of the examination. I understand that the medical documentation and collection of evidence may include photographing injuries, which may include injuries to the genital area.

For Reporting Victims:

I do authorize this medical facility and the examiner to perform all necessary tests, examinations, photography, and treatment, and to supply copies of all pertinent medical laboratory reports, immediately upon completion to the law enforcement agency and the State Attorney's Office having jurisdiction.

For Non-Reporting Victims:

I do authorize this medical facility and the examiner to perform all necessary tests, examinations, photography, and treatment at this time. I understand that all collected evidence will be preserved in this facility or an alternate secure location for _____ (*minimum time allotted by the law enforcement agency). During this period, I may consent to the release of the evidence to law enforcement. However, after this time period expires, the collected evidence may be destroyed.

*See website referred to above for time frames in your area.

SIGNATURE OF VICTIM	DATE
SIGNATURE OF WITNESS (EXAMINER)	DATE
PARENT OR GUARDIAN	DATE

THIS PAGE TO BE RETAINED BY RAPE CRISIS CENTER / MEDICAL FACILITY
DO NOT FORWARD TO LAW ENFORCEMENT OR CRIME LAB

MEDICAL HISTORY

LAST MENSTRUAL PERIOD	LENGTH OF CYCLE	NOW PREGNANT	CURRENT BIRTH CONTROL METHOD(S)
		YES NO	
PLEASE DESCRIBE ANY CURRENT MEDICAL CONDITIONS OR PRE-EXISTING PHYSICAL INJURIES:			
IS VICTIM CURRENTLY TAKING ANY MEDICATIONS? IF YES, LIST:			
IS VICTIM ALLERGIC TO ANY MEDICATIONS OR LATEX? IF YES, LIST:			
PLEASE DESCRIBE ANY RECENT (LAST 60 DAYS) ANAL-GENITAL PROCEDURES OR INJURIES:			

TREATMENT AND FOLLOW UP

Antibiotic Therapy: Administer as indicated for infection. Also discuss possible STI's with victim, encouraging immediate prophylactic treatment when indicated.

Pregnancy Prevention: Discuss options with patient thoroughly. Pregnancy prevention shall be offered by the examiner after thorough explanation and understanding of medical history and per accepted standards of care.

Complete consent form(s) for medications.

PROPHYLACTIC STD TREATMENT ADMINISTERED	YES		NO		TYPE	BY	
EMERGENCY CONTRACEPTION ADMINISTERED	YES		NO		TYPE	BY	
OTHER MEDICATIONS/PRESCRIPTIONS GIVEN	YES		NO		LIST	BY	
PREGNANCY TEST PERFORMED	YES		NO		RESULTS:	POS:	NEG:
OTHER MEDICAL TESTS PERFORMED	YES		NO		LIST	BY	

APPOINTMENT DATE / TIME		LOCATION	
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OTHER REFERRRRALS GIVEN	
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PRE-ASSAULT HISTORY

NAME OF VICTIM		DATE OF BIRTH		SEX		RACE	
BESIDES ASSAULT, HAS VICTIM HAD SEXUAL INTERCOURSE IN THE LAST 5 DAYS? YES [] NO []							
IF YES	VAGINAL	WHEN	ORAL	WHEN	ANAL	WHEN	

ASSAULT HISTORY

LOCATION OF ASSAULT			DATE	TIME	NO. OF ATTACKERS	
NAME(S) OF ASSAILANT(S)			SEX	AGE	RACE	RELATIONSHIP TO VICTIM
METHODS EMPLOYED BY THE ASSAILANT(S)			YES	NO	IF YES, PLEASE DESCRIBE:	
USE OF WEAPONS						
PHYSICAL FORCE						
CHOKING / STRANGULATION						
THREATS OF HARM						
INJURIES INFLICTED						
BINDING OR RESTRAINT						
OTHER METHODS						
			YES	NO	IF YES, PLEASE DESCRIBE:	
INVOLUNTARY INGESTION OF ALCOHOL / DRUGS						
LOSS OF MEMORY						
LOSS OF CONCIIOUSNESS						

ASSAULT DESCRIPTION

VAGINA	PENETRATION	YES	NO	ATTEMPTED	UNSURE	ANUS	PENETRATION	YES	NO	ATTEMPTED	UNSURE
	PENIS						PENIS				
	FINGER						FINGER				
	OBJECT						OBJECT				
	DESCRIBE OBJECT						DESCRIBE OBJECT				

DESCRIBE ANY ANAL AND/OR GENITAL PAIN OR BLEEDING:

ORAL ASSAULT	YES	NO	ATTEMPTED	UNSURE	NON-GENITAL ACTS	YES	NO	ATTEMPTED	UNSURE
DID ASSAILANT PERFORM ORAL SEX ON VICTIM?					KISSING				
WAS VICTIM FORCED TO PERFORM ORAL SEX ON ASSAILANT?					LICKING				
					BITING				
					SUCTION MARKS				

DESCRIBE ANY NON-GENITAL PAIN OR BLEEDING:

DID EJACULATION OCCUR: YES [] NO [] UNSURE []		CONTRACEPTIVE OR LUBRICANT		TYPE/BRAND
MOUTH		CONDOM USED		
VAGINA		LUBRICANT USED		
ANUS / RECTUM	DESCRIPTION	SPERMICIDE		
ON BODY		OTHER		
ON CLOTHING				
ON BEDDING				
OTHER				

ASSAULT CIRCUMSTANCES

PLEASE DESCRIBE OTHER CIRCUMSTANCES REGARDING THE ASSAULT OR OTHER STATEMENTS MADE BY THE VICTIM NOT DOCUMENTED IN OTHER AREAS OF THIS FORM

POST ASSAULT ACTIVITY

SINCE ASSAULT, HAS VICTIM:	YES	NO	IF YES, PLEASE NOTE:
URINATED	<input type="checkbox"/>	<input type="checkbox"/>	
HAD BOWEL MOVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	
SHOWERED	<input type="checkbox"/>	<input type="checkbox"/>	
WASHED OFF / USED BODY WIPES	<input type="checkbox"/>	<input type="checkbox"/>	
CHANGED CLOTHING	<input type="checkbox"/>	<input type="checkbox"/>	
CHANGED UNDERWEAR	<input type="checkbox"/>	<input type="checkbox"/>	
BRUSHED TEETH	<input type="checkbox"/>	<input type="checkbox"/>	
RINSED MOUTH	<input type="checkbox"/>	<input type="checkbox"/>	
ATE OR DRANK	<input type="checkbox"/>	<input type="checkbox"/>	
SMOKED CIGARETTE	<input type="checkbox"/>	<input type="checkbox"/>	
VOMITED	<input type="checkbox"/>	<input type="checkbox"/>	
DOUCHED	<input type="checkbox"/>	<input type="checkbox"/>	
CHANGED FEMININE PAD	<input type="checkbox"/>	<input type="checkbox"/>	
INSERTED / REMOVED TAMPON OR DIAPHRAGM	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	

CLOTHING

Have victim remove shoes and stand on clean drape sheet. Collect outer clothing, if applicable, and describe condition. Do not cut through any tears or stains in clothing or areas relevant to the assault. Place in evidence paper bags. Collect any debris from sheet by folding in pharmaceutical fold and placing in evidence bag. Seal and initial. Do not use the evidence labels included in this kit. Use larger evidence labels from law enforcement. Tape shut. Retrieve property receipt from law enforcement for each item.

OUTER CLOTHING COLLECTED

ITEM	DESCRIPTION

COLLECT UNDERWEAR SEPARATELY AND PLACE IN AN APPROPRIATE EVIDENCE ENVELOPE. ALL ITEMS MUST BE THOROUGHLY DRIED BEFORE PACKAGING. DO NOT PLACE ANY WET ITEM IN THE KIT.

DESCRIPTION OR CONDITION OF UNDERWEAR:

HEAD, NECK, AND ORAL EXAMINATION

Examine the face, head, hair, scalp, and neck for injury and foreign materials. Using a pre-moistened sterile swab, collect dried and moist secretions/stains. Thoroughly dry and place in one of the appropriate evidence envelopes provided. Foreign materials such as possible hairs and fibers should be placed in a pharmaceutical fold and placed in a labeled envelope (not provided). Seal and initial. If applicable, document findings on Diagrams C, D, and E.

Examine the oral cavity for injury and foreign materials. If oral assault is indicated, collect two swabs from the oral cavity. Using a sterile swab, swab inside of the mouth, rubbing along the gum line, inner cheek, and by the tonsils. Allow the swabs to thoroughly dry and place them in one of the appropriate evidence envelopes. Seal and initial. If applicable, document finding on diagram F.

Buccal Swab Collection: If oral swabs were collected, have the victim rinse the mouth and wait 15 minutes before obtaining this sample. Using two swabs, rub the inside of the cheek ten times, with an up and down motion. Allow the swabs to thoroughly dry and place in the appropriate envelope. Seal and initial.



Diagram C

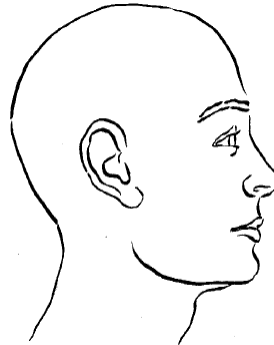


Diagram D

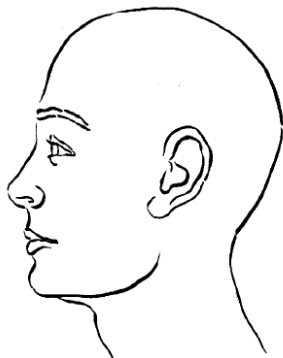


Diagram E



Diagram F

NOTES:

DID VICTIM INFLICT INJURY UPON ASSAILANT DURING ASSAULT? YES [] NO [] UNSURE []
 IF YES, DESCRIBE INJURIES, POSSIBLE LOCATIONS ON THE BODY, AND HOW THEY WERE INFLICTED:

Collect fingernail scrapings if indicated by the history provided. Moisten a swab with sterile saline and scrape under the nail line of each finger, using a separate swab for each hand. Repeat with dry swab for each hand. Broken or torn fingernails should be cut. Do not be overly vigorous in scraping as the victim's DNA may override what is contained in the specimen. Allow swabs to thoroughly dry and place in appropriate swab sleeve. Be sure to label swab sleeve as to which swab was pre-moistened. Place swab sleeves in appropriate labeled evidence envelope (not provided). Seal and initial.

GENITAL EXAMINATION

Visually examine the inner thighs, external genitalia, and perineal area, and scan area with Wood's Lamp (if available). Use colposcope or other photography as indicated by history. If indicated, collect dried and moist secretions, foreign materials, and matted hair. Allow swabs to thoroughly dry and place in one of the appropriate evidence envelopes provided. Seal and initial.

Collect pubic hair combing, if appropriate. The comb provided should be used to comb any loose hairs or debris from the pubic region onto the white paper towel. Place the paper towel under the victim; comb the pubic area onto the paper towel. The comb and debris should be folded in the paper towel and the paper towel placed in the appropriate envelope provided. Seal and initial.

FEMALES

Collection of Vaginal and Cervical Swabs: Examine the vagina and cervix through speculum exam. Collect at least two sterile cotton swabs from the vaginal pool below the cervix. Collect two cervical swabs. Do not aspirate. Label swabs and allow them to thoroughly dry. Place the swabs in the appropriate envelope. Seal and initial.

Collection of Anal Swabs: Examine the buttocks, anus, and rectum if indicated by history. Collect two anal and/or rectal swabs, thoroughly dry and place in one of the appropriate envelopes. Seal and initial. Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding. Document findings on Diagram L.

MALES

Collection of Penile Swabs: Examine the penis, urethra, and scrotum. Collect two penile swabs and two scrotal swabs. Allow the swabs to thoroughly dry. Place the swabs in the appropriate envelope. Seal and initial.

Collection of Anal Swabs: Examine the buttocks, anus, and rectum if indicated by history. Collect two anal and/or rectal swabs, thoroughly dry and place in one of the appropriate envelopes. Seal and initial. Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding. Document findings on Diagram L.

Note: Use of an appropriate dye or colposcope may enhance the ability to visualize minute cuts and/or tears.

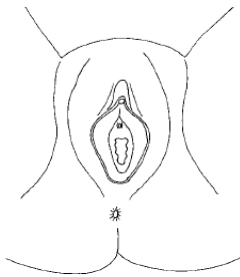


Diagram G

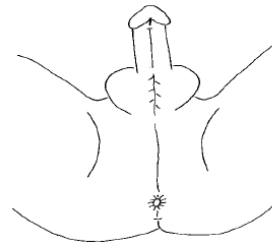


Diagram J

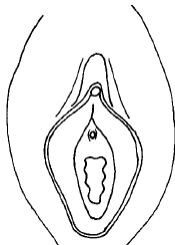


Diagram H



Diagram K



Diagram I

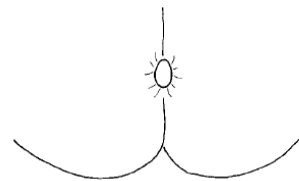


Diagram L

NOTES:

PHOTOGRAPHS (IF APPLICABLE)

DESCRIPTION OF PHOTOGRAPHS:

METHOD(S) USED:

TAKEN BY:

RETRIEVE PROPERTY RECEIPT IF PHOTOGRAPHIC EVIDENCE IS TURNED OVER TO LAW ENFORCEMENT AT TIME OF EXAM

TOXICOLOGY AND LAB DATA

COLLECT URINE AND BLOOD TOXICOLOGY AS INDICATED BY HISTORY USING A SEPARATE TOXICOLOGY KIT

TOXICOLOGY KIT COLLECTED:

YES

NO

BY:

TOXICOLOGY KIT IS SEPARATE AND SHOULD NOT BE PLACED IN THE EVIDENCE KIT

EVIDENCE COLLECTED AND PLACED IN KIT

ITEM	YES	NO	NOTES
UNDERWEAR			
ORAL / BUCCAL SWAB STANDARD			
ORAL SWABS			
PERINEUM SWABS			
VAGINAL SWABS			
CERVICAL SWABS			
PENILE SWABS			
SCROTAL SWABS			
ANAL SWABS			
RECTAL SWABS			
PUBIC HAIR COMBINGS			
DRIED SECRETIONS			
FOREIGN MATERIALS			
MATTED HAIR			
OTHER			
OTHER			

COLLECTED BY:

SEALING OF THE EVIDENCE KIT

- Remove the evidence seals from the kit. Be sure that each item is properly labeled, tape-sealed, initialed, and returned to the kit. **Do not return any unused envelopes or prepared slides to the kit.**
- Be sure the forms are completed and that a copy of Forensic Examination Pages 1-6 is placed in the kit. Seal the kit with the remaining integrity seal provided and initial.
- Provide a copy of the forms to the law enforcement representative with the sealed kit, and retrieve property receipt. Chain of custody shall always be maintained, and the kit shall not be turned over without a property receipt from law enforcement.
- If the kit is not immediately turned over to law enforcement, please refrigerate in an access-controlled location.
- Retain a copy of the forms for the rape crisis center / medical facility.