State of California

Governor's Office of Emergency Services
(www.caloes.ca.gov)

FORENSIC MEDICAL REPORT: ACUTE CHILD/ADOLESCENT SEXUAL ABUSE EVIDENTIARY EXAMINATION

ADOLESCENTS AGES 12–17 < 120 HOURS CHILDREN UNDER AGE 12: FOLLOW LOCAL SART GUIDELINES

CAL OES 2-930

July 2020

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California Clinical Forensic Medical Training Center
www.ccfmtc.org

FORENSIC MEDICAL REPORT: ACUTE CHILD/ADOLESCENT SEXUAL ABUSE EXAMINATION

STATE OF CALIFORNIA Governor's Office of Emergency Services

Cal OES 2-930

Confidential Document

Patient Identification

A. GENERAL INFORMATION (print or type)	**Name of medical facility:**	**Case Number:**

1. Name of patient	**Arrival date**	**Arrival time**	**Discharge date**	**Discharge time**

2. Age	**DOB**	**Biological Gender**	**Identified Gender**	**Preferred Pronouns**	**Ethnicity**
		❒ M ❒ F	❒ M ❒ F ❒ Trans F ❒ Trans M ❒ Non-conforming	❒ He ❒ She ❒ They	

3. Address	**City**	**County**	**State**	**Telephone**

4. Name of: ❒ Parent ❒ Stepparent ❒ Guardian	**Address**	**City**	**County**	**State**	**Telephone** **(C)** **(W)**
5. Name of: ❒ Parent ❒ Stepparent ❒ Guardian	**Address**	**City**	**County**	**State**	**Telephone** **(C)** **(W)**

6. Name(s) of Siblings	**Gender**	**Age**	**DOB**	**Name(s) of Siblings**	**Gender**	**Age**	**DOB**
	M F				**M F**		
	M F				**M F**		

B. REPORTING AND AUTHORIZATION	**Jurisdiction** (❒ City ❒ County ❒ Other):			
1. Telephone report made to: ❒ Law Enforcement and/or ❒ Child Protective Services	**Name**	**Agency**	**ID Number**	**Telephone**
2. Responding Personnel (to med. facility) ❒ Law Enforcement and/or ❒ Child Protective Services	**Name**	**Agency**	**ID Number**	**Telephone**
3. Assigned Investigator (if known) ❒ Law Enforcement and/or ❒ Child Protective Services	**Name**	**Agency**	**ID Number**	**Telephone**

4. Authorization for evidentiary exam requested by law enforcement or child protective services. I request a forensic medical exam for suspected sexual abuse at public expense.

TELEPHONE AUTHORIZATION

Agency:______________________________

Authorizing party:______________________________

ID number: ______________________________

Date/time: ______________________________

Name		**Signature**	
Agency			**ID Number**
Telephone	**Date**	**Time**	**Case Number**

C. CONSENT FOR EXAMINATION BY PATIENT/PARENT/GUARDIAN

Minors: Family Code section 6927 permits minors (12–17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions regarding parental notification requirements for minors. NOTE: Parental consent is not required for a suspected child sexual abuse examination if the child is in protective custody.

- I understand that a forensic medical examination for evidence of sexual assault at public expense can, with my consent, be conducted by a health care professional to discover and preserve evidence of the assault. If conducted, the report of the examination and any evidence obtained will be released to law enforcement authorities. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. I understand that I may withdraw consent at any time for any portion of the examination. _____ (initial)
- I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area. _____ (initial)
- I hereby consent to a forensic medical examination for evidence of sexual assault. _____ (initial)
- I understand that data without patient identity may be collected from this report for health and forensic purposes and may be provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic or epidemiological studies. _____ (initial)
- I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Victims of Crime Restitution Fund for out of pocket medical expenses, psychological counseling, loss of wages and job retraining/rehabilitation. _____ (initial)

Signature ______________________________ ❒ Patient ❒ Parent ❒ Guardian

DISTRIBUTION OF Cal OES 2-930

❒ Original – Law Enforcement ❒ Copy – Child Protective Services ❒ Copy Within Evidence Kit – Crime Lab ❒ Copy – Medical Records

D. PATIENT HISTORY

1. Most recent incident(s)	Date(s)	Time/time frame
❒ Multiple incidents over time		

2. Location of most recent incident:

Patient Identification

3. Record patient's name for:
Female genitalia: ____________ Male genitalia: ____________ Breasts: ____________ Anus: ____________

4. Alleged Assailant(s) Name(s)	Age	Gender	Ethnicity	Relationship to Patient	Information Provided By
#1		M F		❒ Known: ____________ ❒ Unknown	
#2		M F		❒ Known: ____________ ❒ Unknown	
#3		M F		❒ Known: ____________ ❒ Unknown	

E. MEDICAL HISTORY

1. Name of person providing history	Relationship to Patient	Date and Time of Examination

2. Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect interpretation of physical findings? ❒ No ❒ Yes

3. Any other pertinent medical conditions that may affect the interpretation of physical findings? ❒ No ❒ Yes

4. Any pre-existing physical injuries? ❒ No ❒ Yes ____________

5. Any previous history of physical abuse and/or neglect? ❒ No ❒ Yes ____________

6. Any previous history of sexual abuse? ❒ No ❒ Yes ____________

7. Other intercourse? (For adolescents only) If yes, ❒ No ❒ Yes ____________

< 5 days? When? ____________ ❒ No ❒ Yes ____________

Did intravaginal ejaculation occur? ❒ No ❒ Yes ____________

Was a condom used? ❒ No ❒ Yes ____________

8. Menstrual periods? ❒ No ❒ Yes ____________

If yes, age of menarche: ______ Last menstrual period: ________ ❒ Currently menstruating ____________

9. Other symptoms disclosed

	By patient		By historian			
Abdominal/pelvic pain	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Pain on urination	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Genital discomfort or pain	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Genital itching	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Genital discharge	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Genital bleeding	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Genital rash	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Anal discomfort or pain	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Anal itching	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Anal bleeding	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Constipation	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Enuresis (bed or daytime wetting)	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Fecal soiling	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Other ____________						____________

If yes to any of the above, describe onset, duration, and intensity: ____________

10. Post-assault hygiene activity ❒ **Not applicable if over 120 hours**

	By patient		By historian			
Urinated	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Defecated	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Genital or body wipes	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________

If yes to any of the above, describe: ____________

	By patient		By historian			
Removed/inserted ❒ tampon	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
❒ panty liner	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Oral gargle/rinse	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Bath/shower/wash	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Brushed teeth	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Ate or drank	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________
Changed clothing	❒ No	❒ Yes	❒ No	❒ Yes	❒ Unknown	____________

F. ACTS DESCRIBED BY HISTORIAN

Name of historian

❒ **Parent** ❒ **Guardian** ❒ **Law Enforcement** ❒ **CPS** ❒ **Interview Center**

Telephone	**Agency Name** ❒ **Not applicable**

Patient Identification

Breast/Anal/Genital fondling? Describe: ____________________

Of patient by assailant	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Of assailant by patient	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Genital: vulva, vestibule, vagina contact/penetration by					
Penis	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Finger	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Object	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked

Describe: ____________________

Associated pain?	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Associated bleeding?	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Anal contact/penetration by					
Penis	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Finger	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Object	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked

Describe: ____________________

Associated pain?	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Associated bleeding?	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Oral copulation of genitals?					
Of patient by assailant	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Of assailant by patient	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Oral copulation of anus?					
Of patient by assailant	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Of assailant by patient	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Non-genital acts?	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
If yes:	❒ Biting		❒ Fondling	❒ Licking	❒ Kissing
	❒ Suction injury			❒ Other	

Other acts? Describe: ____________________

Did ejaculation occur?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
If yes, note location:	❒ Body surface		❒ Vagina	❒ Mouth	❒ Anus
	❒ On bedding		❒ On clothing		❒ Other
Lubricants?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
If yes, note type/brand:	❒ Jelly (e.g., KY, Vaseline)			❒ Cream	❒ Foam
	❒ Patient saliva			❒ Saliva	❒ Oils
	❒ Lotion			❒ Other	
Barriers?	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
If yes:	❒ Condom		❒ Plastic bag		
Force, threat, weapon?	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
If yes:	❒ Force		❒ Threats	❒ Weapon	
Strangulation (choking)	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
If yes, note symptoms	❒ Neck pain		❒ Wheezing	❒ Cough	❒ Incontinence
(check all that apply)	❒ Voice changes			❒ Swallowing changes	
	❒ Other (describe) ____________				
	❒ Loss of consciousness				
Photos taken?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
Photos shown?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
If yes:	❒ Pictures		❒ Videotapes	❒ Social media	
Were drugs used?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
If yes:	❒ Forced		❒ Coerced	❒ Suspected	
Was alcohol used?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
If yes:	❒ Forced		❒ Coerced	❒ Suspected	
Loss of memory?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
Lapse of consciousness?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
Vomited after acts?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
Behavioral changes?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked

If yes, describe ____________________

Describe pain and/or bleeding and additional pertinent history

____

G. ACTS DESCRIBED BY PATIENT

1. Acts disclosed by patient to:

- ❒ **Law Enforcement officer**
- ❒ **Medical provider**
- ❒ **Multi-disciplinary interview team**
- ❒ **Social worker**
- ❒ **Other**

Patient Identification

Breast/Anal/Genital fondling? Describe: ______________________________

Of patient by assailant	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Of assailant by patient	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Genital: vulva, vestibule, vagina contact/penetration by					
Penis	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Finger	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Object	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked

Describe: ______________________________

Associated pain?	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Associated bleeding?	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Anal contact/penetration by					
Penis	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Finger	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Object	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked

Describe: ______________________________

Associated pain?	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Associated bleeding?	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Oral copulation of genitals?					
Of patient by assailant	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Of assailant by patient	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Oral copulation of anus?					
Of patient by assailant	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Of assailant by patient	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
Non-genital acts?	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
If yes:	❒ Biting		❒ Fondling	❒ Licking	❒ Kissing
	❒ Suction injury			❒ Other	

Other acts? Describe: ______________________________

Did ejaculation occur?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
If yes, note location:	❒ Body surface		❒ Vagina	❒ Mouth	❒ Anus
	❒ On bedding		❒ On clothing		❒ Other
Lubricants?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
If yes, note type/brand:	❒ Jelly (e.g., KY, Vaseline)			❒ Cream	❒ Foam
	❒ Patient saliva			❒ Saliva	❒ Oils
	❒ Lotion			❒ Other	
Barriers?	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
If yes:	❒ Condom		❒ Plastic bag		
Force, threat, weapon?	❒ No	❒ Yes	❒ Attempted	❒ Unsure	❒ Not Asked
If yes:	❒ Force		❒ Threats	❒ Weapon	
Strangulation (choking)	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
If yes, note symptoms (check all that apply)	❒ Neck pain		❒ Wheezing	❒ Cough	❒ Incontinence
	❒ Voice changes			❒ Swallowing changes	
	❒ Other (describe) ______________				
	❒ Loss of consciousness				
Photos taken?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
Photos shown?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
If yes:	❒ Pictures		❒ Videotapes	❒ Social media	
Were drugs used?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
If yes:	❒ Forced		❒ Coerced	❒ Suspected	
Was alcohol used?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
If yes:	❒ Forced		❒ Coerced	❒ Suspected	
Loss of memory?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
Lapse of consciousness?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
Vomited after acts?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked
Behavioral changes?	❒ No	❒ Yes		❒ Unsure	❒ Not Asked

If yes, describe ______________________________

2. Describe pain and/or bleeding and additional pertinent history

____

H. GENERAL PHYSICAL EXAMINATION

1. BP	Pulse	Resp.	Temp.	Height	%	Weight	%	BMI

2. Record who is with child during exam. ❒ N/A

3. Sexual Maturity Rating/Female Tanner Stage – Breast
❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5

Patient Identification

4. Describe general physical appearance.

5. Describe general demeanor.

6. Record relevant statements made during exam. ❒ See addendum ❒ N/A

7. Describe condition of clothing on arrival. ❒ Collect outer and underclothing if indicated.

Clothing brought in by:

8. Conduct a general physical examination. ❒ Findings ❒ No findings General exam within normal limits? ❒ Yes ❒ No

9. Scan entire body with an ALS (Alternate Light Source). ❒ Findings ❒ No findings

10. Collect dried and moist secretions, stains, foreign materials. ❒ Findings ❒ No findings

11. Collect fingernail swabbings (2 microtipped swabs). ❒ N/A

12. Collect 2 swabs from right breast/nipple and 2 swabs from left breast/nipple. Consider swabs from umbilicus and each side of inner thighs ❒ N/A

Diagram A

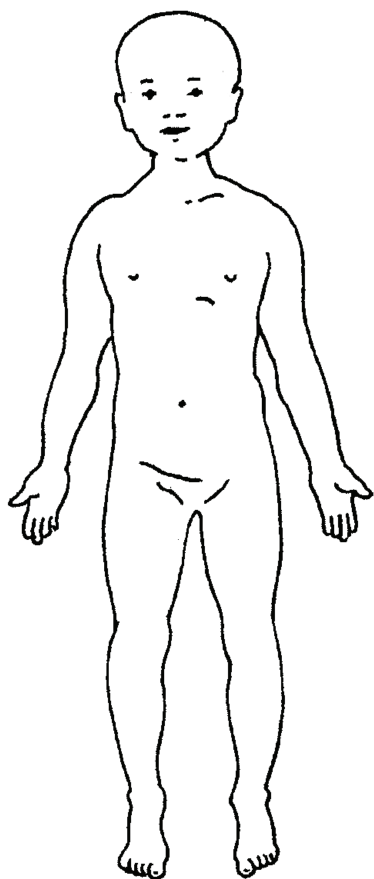
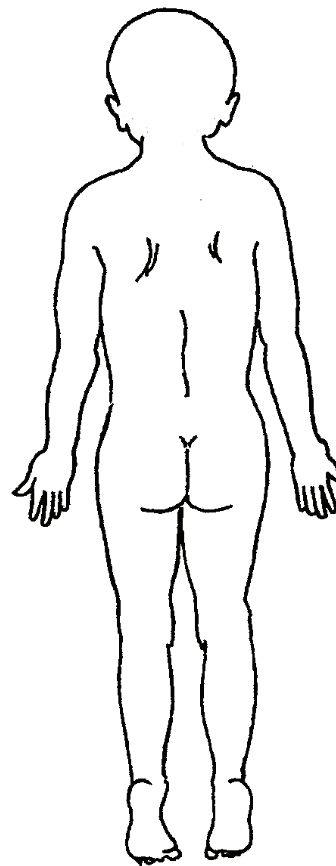


Diagram B



AB Abrasion
AHT Absent Hymenal Tissue
AL Anal Laxity
ALS Alternate Light Source
BI Bite
BU Burn
CV Congenital Variation
DE Debris
DF Deformity
DI Discharge
DS Dry Secretion
EC Ecchymosis (bruise)
ER Erythema (redness)
F/H Fiber/Hair
FB Foreign Body
IN Induration
IW Incised Wound
LA Laceration
LHX Limited History Swab
M/H Micro-hemorrhage/ Micro-hematoma
MS Moist Secretion
OF Other Foreign Materials (describe)
OI Other Injury (describe)
OSC Other Skin Condition
PCD Potential Contact DNA
PE Petechiae
PGW Possible Genital Wart
PHN/C Possible Hymenal Notch/Cleft
PHT Possible Hymenal Transection
PI Pre-Existing Injury
PPW Possible Perianal Wart
PS Potential Saliva
PSH Potential Semen Per History
PSI Potential Suction Injury
SPH Sample Per History
SW Swelling
TB Toluidine Blue ⊕
TE Tenderness
V/S Vegetation/Soil/Sand
VL Vesicular Lesion

Locator #	Type	Description	Locator #	Type	Description

I. HEAD, NECK, AND ORAL EXAMINATION

1. Examine the face, head, hair, scalp, and neck for injury and foreign materials.
❒ Findings ❒ No findings

2. Scan areas with Alternate Light Source (ALS). Indicate ALS⊕ if there are findings.
❒ Findings ❒ No findings

3. Collect dried and most secretions, stains, and foreign materials.
❒ Findings ❒ No findings

Patient Identification

4. Examine the oral cavity for injury and foreign materials. Collect foreign materials. ❒ Findings ❒ No findings

5. Collect 2 swabs from oral cavity up to 24 hours post-assault. Separately swab the perioral area and collect 2 swabs.

6. Collect 2 swabs from the right side of neck and 2 swabs from the left side.

7. Collect head hair reference samples *only if foreign hair is found*. ❒ Not applicable

Diagram C – Head (right-side view)

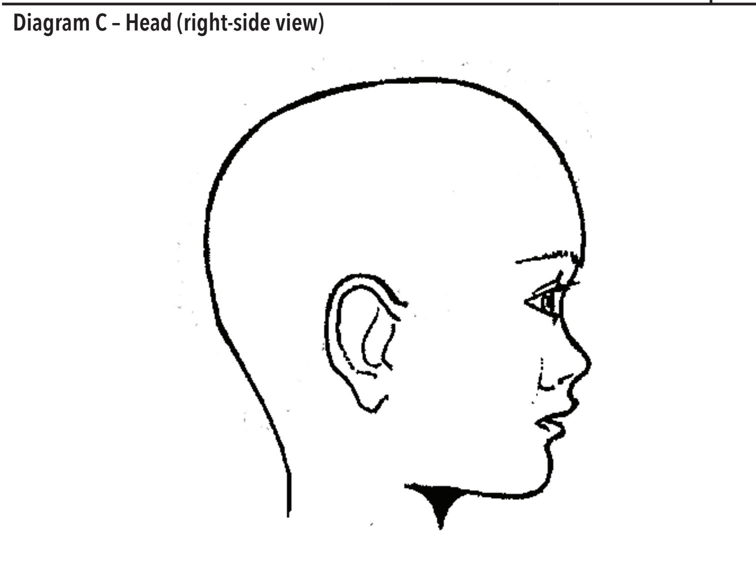


Diagram D – Head (left-side view)

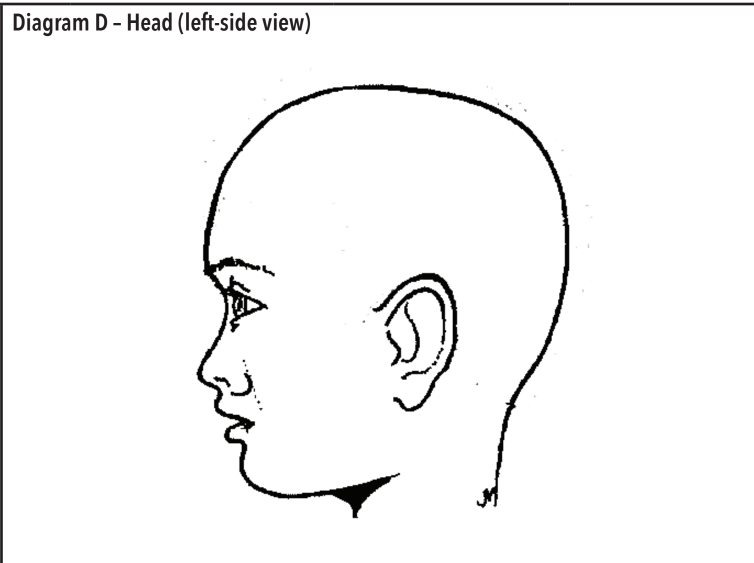


Diagram E – Head (front view)

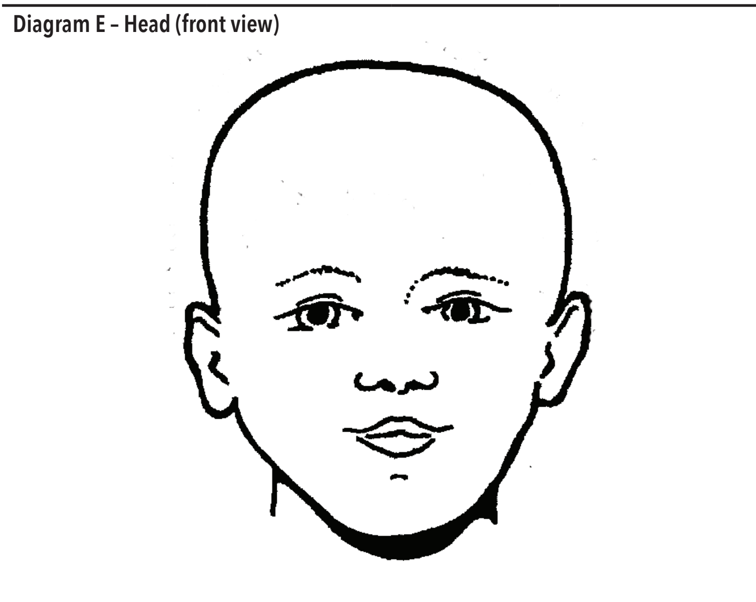
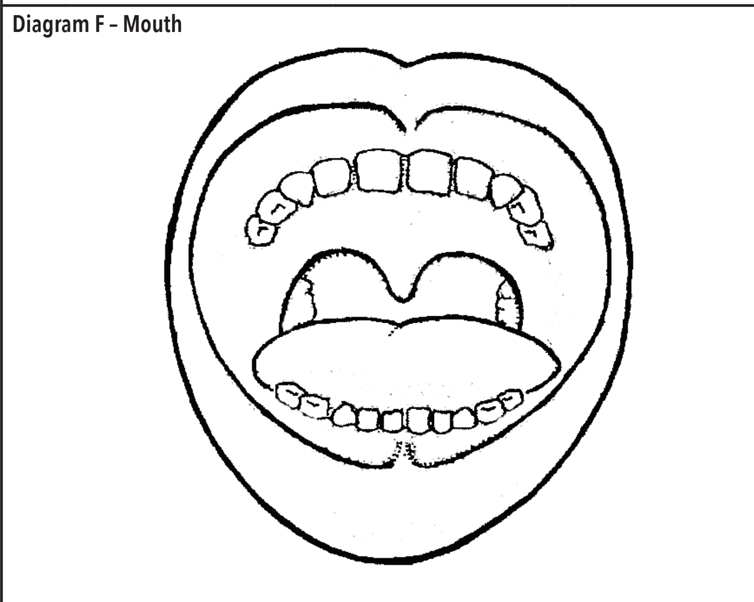


Diagram F – Mouth



AB Abrasion
AHT Absent Hymenal Tissue
AL Anal Laxity
ALS Alternate Light Source
BI Bite
BU Burn
CV Congenital Variation
DE Debris
DF Deformity
DI Discharge
DS Dry Secretion
EC Ecchymosis (bruise)
ER Erythema (redness)
F/H Fiber/Hair
FB Foreign Body
IN Induration
IW Incised Wound
LA Laceration
LHX Limited History Swab
M/H Micro-hemorrhage/ Micro-hematoma
MS Moist Secretion
OF Other Foreign Materials (describe)
OI Other Injury (describe)
OSC Other Skin Condition
PCD Potential Contact DNA
PE Petechiae
PGW Possible Genital Wart
PHN/C Possible Hymenal Notch/Cleft
PHT Possible Hymenal Transection
PI Pre-Existing Injury
PPW Possible Perianal Wart
PS Potential Saliva
PSH Potential Semen Per History
PSI Potential Suction Injury
SPH Sample Per History
SW Swelling
TB Toluidine Blue⊕
TE Tenderness
V/S Vegetation/Soil/Sand
VL Vesicular Lesion

Locator #	Type	Description	Locator #	Type	Description

J. GENITAL EXAMINATION—FEMALES

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the inner thighs, external genitalia, and perineal area.

2. Exam Method ❒ Colposcope ❒ Other magnification ❒ Direct visualization only

Exam Position	Separation	Traction	Knee-Chest
Prone	❒	❒	❒
Supine	❒	❒	❒

Exam Technique ❒ Catheter ❒ Moistened swab ❒ Toluidine Blue Dye
❒ Saline/water ❒ Other
❒ Speculum (only for patients w/ SMR of 4 or 5, and only if tolerated)

3. Sexual Maturity Rating/Genital Tanner Stage ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5

4. Examine the genital structures. Check the ABN box(es) if there are abuse/assault-related findings. ❒ No findings

	WNL	ABN	Describe
Inner thighs	❒	❒	______________________
Inguinal adenopathy	❒	❒	______________________
Labia majora	❒	❒	______________________
Labia minora	❒	❒	______________________
Clitoral hood	❒	❒	______________________
Mons pubis	❒	❒	______________________
Perineum	❒	❒	______________________
Periurethral tissue/urethal meatus	❒	❒	______________________
Perihymenal tissue (vestibule)	❒	❒	______________________
Hymen ❒ Supine ❒ Prone	❒	❒	______________________
Record morphology			______________________
❒ Annular			______________________
❒ Crescentric			______________________
❒ Imperforate			______________________
❒ Septate			______________________
Fossa navicularis	❒	❒	______________________
Posterior fourchette	❒	❒	______________________
Vagina (pubertal adolescents)	❒	❒	______________________
Cervix (pubertal adolescents)	❒	❒	______________________

Genital discharge ❒ Yes ❒ No

If yes, describe: ______________________________________

5. Scan entire body with an ALS (Alternate Light Source). Collect dried and moist secretions, stains, and foreign materials

❒ Findings ❒ No findings

6. Collect swabs.

❒ **Mons pubis** (collect 2 swabs (all patients))
❒ **Prepubertal female** (collect at least 2 vulvar and 2 vestibular swabs)
❒ **Pubertal female**
- ❒ Collect 4 swabs from the vaginal pool
- ❒ Consider collecting 2 cervical swabs (if over 24 hours post-assault)
- ❒ N/A

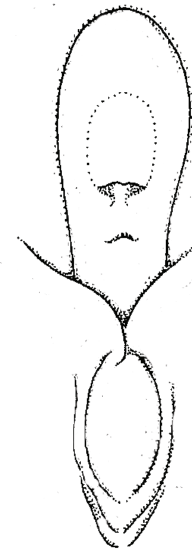
7. Collect pubic hair brushing ❒ N/A

8. Collect pubic hair reference samples *only if a foreign hair is found* ❒ N/A

Patient Identification

Diagram G – Genitals: Vulva, Vestibule, Vagina (Supine View)

Diagram H – Genitals: Vulva, Vestibule, Vagina (Prone Knee-Chest View)



AB Abrasion
AHT Absent Hymenal Tissue
AL Anal Laxity
ALS Alternate Light Source
BI Bite
BU Burn
CV Congenital Variation
DE Debris
DF Deformity
DI Discharge
DS Dry Secretion
EC Ecchymosis (bruise)
ER Erythema (redness)
F/H Fiber/Hair
FB Foreign Body
IN Induration
IW Incised Wound
LA Laceration
LHX Limited History Swab
M/H Micro-hemorrhage/ Micro-hematoma
MS Moist Secretion
OF Other Foreign Materials (describe)
OI Other Injury (describe)
OSC Other Skin Condition
PCD Potential Contact DNA
PE Petechiae
PGW Possible Genital Wart
PHN/C Possible Hymenal Notch/Cleft
PHT Possible Hymenal Transection
PI Pre-Existing Injury
PPW Possible Perianal Wart
PS Potential Saliva
PSH Potential Semen Per History
PSI Potential Suction Injury
SPH Sample Per History
SW Swelling
TB Toluidine Blue
TE Tenderness
V/S Vegetation/Soil/Sand
VL Vesicular Lesion

Locator #	Type	Description	Locator #	Type	Description

K. GENITAL EXAMINATION – MALES

1. Examine the inner thighs, external genitalia, and perineal area.

Exam position ❒ Prone ❒ Supine ❒ Other

Exam Technique ❒ Colposcope ❒ Direct visualization only ❒ Other magnification

Patient Identification

2. Sexual Maturity Rating/Genital Tanner Stage ❒ 1 ❒ 2 ❒ 3 ❒ 4 ❒ 5

3. Circumcised ❒ Yes ❒ No

4. Scan the entire body with an Alternate Light Source (ALS).
Indicate ALS⊕ if there are findings. ❒ Findings ❒ No findings

5. Collect dried and moist secretions, stains, and foreign materials.
❒ Findings ❒ No findings

6. Check the ABN box(es) if there are abuse/assault-related findings.

❒ No findings	WNL	ABN	Describe:
Inner thighs	❒	❒	______
Inguinal adenopathy	❒	❒	______
Perineum	❒	❒	______
Foreskin	❒	❒	______
Glans penis	❒	❒	______
Penile shaft	❒	❒	______
Urethral meatus	❒	❒	______
Scrotum	❒	❒	______
Testes	❒	❒	______

Discharge ❒ Yes ❒ No If yes, describe: ______

7. Collect pubic hair brushing ❒ Not applicable
Collect pubic hair reference samples *only if foreign hair is found* ❒ N/A

8. Collect 2 penile swabs including glans and shaft. ❒ N/A

9. Collect 2 scrotal swabs. ❒ N/A

______
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______

Diagram I – Male Genitals

Diagram J – Male Genitals

AB Abrasion
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Locator #	Type	Description	Locator #	Type	Description

L. FEMALE/MALE PERIANAL/ANAL EXAMINATION

1. Examine buttocks, perianal skin, anal folds, and anus for injury,

Exam position	Observation	Separation	Traction
Supine	❒	❒	❒
Supine knee-chest	❒	❒	❒
Prone knee-chest	❒	❒	❒
Lateral recubent	❒	❒	❒

Exam method ❒ Colposcope ❒ Direct visualization only ❒ Other magnification

Exam technique ❒ Toluidine Blue dye ❒ Moistened swab ❒ Other

2. Scan the entire body with an Alternate Light Source (ALS).
Indicate ALS⊕ if there are findings. ❒ Findings ❒ No findings

3. Collect dried and moist secretions, stains, and foreign materials.
❒ Findings ❒ No findings

4. Check the ABN box(es) if there are abuse/assault related findings. Describe any abnormal or unusual findings.

	WNL	ABN	Unsure	Describe, if applicable:
Buttocks	❒	❒	❒	___________________
Perianal skin	❒	❒	❒	___________________
Anal verge/folds/rugae	❒	❒	❒	___________________

Anal dilation ❒ Yes ❒ No If yes: ❒ Immediate ❒ Delayed
Anal bleeding ❒ Yes ❒ No If yes, describe: ________________
Anal discharge ❒ Yes ❒ No If yes, describe: ________________
Stool present in rectal ampulla ❒ Yes ❒ No ❒ Undetermined

5. Collect 2 perianal swabs.

6. Anal bleeding: ❒ Yes ❒ No If yes, describe: ___________________________

____
____

7. Additional Information:

____
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____
____
____

Patient Identification

Diagram K – Anus (supine view)

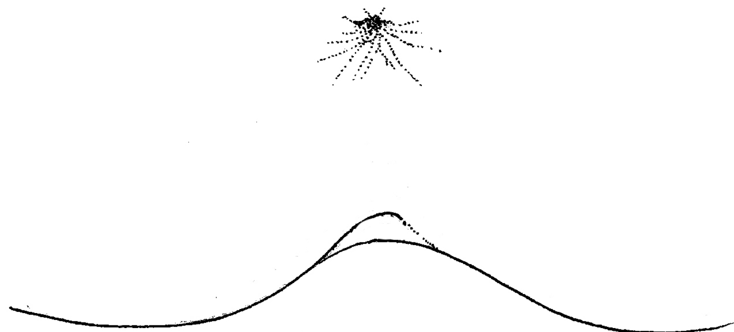
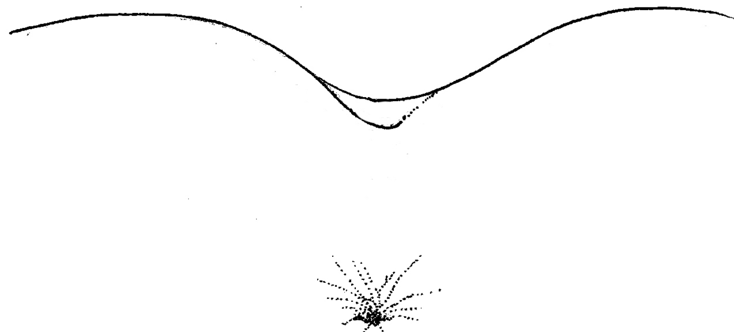


Diagram L – Anus (prone view)



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TE Tenderness
V/S Vegetation/Soil/Sand
VL Vesicular Lesion

Locator #	Type	Description	Locator #	Type	Description

M. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LABORATORY

1. Clothing placed in evidence kit	Other clothing placed in bags
___	___
___	___
___	___

❒ Clothing brought in

2. Foreign materials collected — **Collected by**

			Collected by
Dried secretions	❒ Yes	❒ No	___
Fiber/loose hairs	❒ Yes	❒ No	___
Fingernail swabbings	❒ Yes	❒ No	___
Matted hair cuttings	❒ Yes	❒ No	___
Pubic hair brushings	❒ Yes	❒ No	___
Soil/debris ⊕	❒ Yes	❒ No	___
Swabs/ALS	❒ Yes	❒ No	___
Swabs/suspected blood	❒ Yes	❒ No	___
Swabs/suspected saliva	❒ Yes	❒ No	___
Swabs/suspected contact DNA	❒ Yes	❒ No	___
Swabs/suspected semen	❒ Yes	❒ No	___
Vegetation	❒ Yes	❒ No	___
Intravaginal foreign body	❒ Yes	❒ No	___

Describe: ___

Other types	❒ Yes	❒ No	___

Describe: ___

3. Body surface and cavity evidence swabs collected

	# of swabs	Collected by
Oral	___	___
Perioral	___	___
Neck	___	___
Breasts	___	___
Umbilicus	___	___
Inner thighs	___	___
Mons pubis	___	___
Vestibular	___	___
Vulvar	___	___
Vaginal	___	___
Cervical	___	___
Perianal	___	___
Penile	___	___
Scrotal	___	___

N. TOXICOLOGY SAMPLES

Blood-alcohol/toxicology (gray top tube) ❒ Yes ❒ No ❒ Not indicated ❒ Patient declined

Collected by ___ Time ___

Urine toxicology ❒ Yes ❒ No ❒ Not indicated ❒ Patient declined

Collected by ___ Time ___

O. DNA AND OTHER REFERENCE SAMPLES

			Collected by
Buccal swabs (for DNA reference)	❒ Yes	❒ No	___
Head hair, if indicated	❒ Yes	❒ No	___
Pubic hair, if indicated	❒ Yes	❒ No	___

P. PHOTO DOCUMENTATION METHODS

❒ Colposcope with camera ❒ Digital camera/macrolens ❒ Other imaging modality

Extra-genital
❒ Still images ❒ Video images

Anal-genital
❒ Still images ❒ Video images

Photographed by: ___

Q. FINDINGS AND INTERPRETATIONS

1. Initial medical findings of injury (acute or previous)

Perianal/anal	❒ Yes	❒ No	❒ Unsure	❒ Limited exam
Body	❒ Yes	❒ No	❒ Unsure	❒ Pending further review
Genital	❒ Yes	❒ No	❒ Unsure	❒ Pending follow up exam
Oral	❒ Yes	❒ No	❒ Unsure	❒ Other

Describe: ___

2. Interpretations pending final review (check all that apply)

- ❒ Normal/normal variant exam (does not negate the possibility of abuse)
- ❒ Other medical conditions present unrelated to injury that could impact the way the exam is interpreted.
- ❒ Findings with unclear significance with respect to abuse.
- ❒ Clear evidence of injury.
- ❒ Findings of unexplained injury and unaccounted for by history (or no history).
- ❒ Pregnancy confirms sexual contact
  - ❒ Pending formal laboratory results
- ❒ Presence of sexually transmitted infection
  - ❒ Pending formal laboratory results

3. ❒ Final interpretation pending formal review of photographic record and a follow up exam. *Note:* Examining clinician reserves the right to amend or revise final interpretation pending further consideration, laboratory results, and/or follow-up exam. ❒ Not applicable

R. LAB TESTS PERFORMED

Oral	❒ GC	❒ Chlamydia	❒ Other	Describe: ___	Collected by ___
Genital	❒ GC	❒ Chlamydia	❒ Other	Describe: ___	Collected by ___
Anal	❒ GC	❒ Chlamydia	❒ Other	Describe: ___	Collected by ___
Urine	❒ GC	❒ Chlamydia	❒ Other	Describe: ___	Collected by ___
Serology	❒ HIV	❒ Syphilis	❒ Hepatitis		Collected by ___

Pregnancy test ❒ Blood ❒ Urine Results: ___

S. PRINT NAMES OF PERSONNEL INVOLVED

History taken by: ___ Phone: ___

Exam performed by: ___ Phone: ___

Specimens labeled & sealed by: ___ Phone: ___

Assisted by: ___ ❒N/A Phone: ___

Signature of Examiner: ___ License # ___

T. EVIDENCE DISTRIBUTION

Sexual assault evidence kit	❒ Yes	❒ No	Given to: ___
Clothing (items not placed in evidence kit)	❒ Yes	❒ No	Given to: ___
Reference DNA sample	❒ Yes	❒ No	Given to: ___
Urine toxicology/blood-alcohol samples	❒ Yes	❒ No	Given to: ___
Rapid turnaround DNA program kit	❒ Yes	❒ No	Given to: ___
Wet evidence	❒ Yes	❒ No	Given to: ___

U. SIGNATURE OF OFFICER RECEIVING EVIDENCE

Signature: ___

Print name and ID: ___

Agency: ___

Date: ___ Phone: ___