FORENSIC MEDICAL REPORT: SEXUAL ASSAULT EXAMINATION

PRIVACY ACT STATEMENT

AUTHORITY: Section 301 of Title 5 U.S.C. and Chapter 55 of Title 10 U.S.C.
PRINCIPAL PURPOSE(S): Information on this form will be used to document elements of the sexual assault response and/or reporting process and comply with the procedures set up to effectively manage the sexual assault prevention and response program.
ROUTINE USE(S): None.
DISCLOSURE: Completion of this form is voluntary; however, failure to complete this form with the information requested impedes the effective management of care and support required by the procedures of the sexual assault prevention and response program.

Sensitive Information Document

Patient Identification

A. GENERAL INFORMATION *(Print or type)* Name of Medical Facility:

1a. NAME OF PATIENT *(Last, First, Middle Initial)*			b. PATIENT ID NUMBER		
2a. ADDRESS	b. CITY	c. COUNTY	d. STATE	e. ZIP CODE	3. TELEPHONE *(Incl. Area Code)* a. HOME: b. WORK:

4. AGE	5. DATE OF BIRTH *(YYYYMMDD)*	6. GENDER *(X)*	7.a. RACE *(X)*	b. ETHNICITY *(X)*
		☐ M ☐ F	☐ (1) AMERICAN INDIAN/ ALASKA NATIVE ☐ (2) ASIAN ☐ (3) BLACK OR AFRICAN AMERICAN ☐ (4) WHITE ☐ (5) NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER ☐ (6) OTHER	☐ (1) HISPANIC OR LATINO ☐ (2) NOT HISPANIC OR LATINO

8a. ARRIVAL DATE *(YYYYMMDD)*	b. TIME	9a. DISCHARGE DATE *(YYYYMMDD)*	b. TIME

B. NOTIFICATION AND AUTHORIZATION JURISDICTION (☐ CITY ☐ COUNTY ☐ OTHER):

1a. NAME OF SEXUAL ASSAULT RESPONSE COORDINATOR (SARC) *(Last, First, Middle Initial)*	b. TELEPHONE *(Include Area Code)*:

2a. NAME OF SEXUAL ASSAULT EXAMINER *(Last, First, Middle Initial)*	b. RANK	c. TITLE	d. TELEPHONE *(Include Area Code)*:

3a. NAME OF VICTIM ADVOCATE (VA) *(Last, First, Middle Initial)*	b. TELEPHONE *(Include Area Code)*:

4a. NAME OF MILITARY CRIMINAL INVESTIGATIVE OFFICER (UNRESTRICTED REPORT) *(Last, First, Middle Initial)*	b. TELEPHONE *(Include Area Code)*:

c. AGENCY	d. ID NUMBER	e. DATE *(YYYYMMDD)*

5a. NAME OF SERVICE DESIGNATED EVIDENCE COLLECTING OFFICER (RESTRICTED REPORT) *(Last, First, Middle Initial)*	b. TELEPHONE *(Include Area Code):*

c. AGENCY	d. ID NUMBER	e. DATE *(YYYYMMDD)*	f. TIME	g. RESTRICTED REPORT CONTROL NUMBER *(RRCN)*

C. PATIENT INFORMATION

1. In unrestricted reporting, I understand that Military Medical Treatment Facilities and Healthcare Providers are required by Department of Defense regulations to report to Military Criminal Investigative Organization authorities. Under these circumstances the report must state the name of the injured person, current whereabouts, and the type and extent of injuries. In restricted reporting, I understand that Military Medical Treatment Facilities and Healthcare Providers are required by Department of Defense regulations to report to the SARC.	*(Initial)*
2. I have been informed of my options for Unrestricted versus Restricted reporting by the Sexual Assault Response Coordinator (SARC) and/or Victim Advocate (VA). I have elected: ☐ **UNRESTRICTED REPORTING** ☐ **RESTRICTED REPORTING (Only applicable to Active Duty, and Reserve and National Guard in active service or inactive duty training).**	*(Initial)*

D. PATIENT CONSENT

1. I understand that a sexual assault forensic examination (SAFE) is optional and with my consent can be conducted by a Health Care Professional to discover and preserve evidence of the assault. I understand that the examination may include the collection of reference specimens and blood samples 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)*
2. I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area.	*(Initial)*
3. I hereby consent to a sexual assault forensic examination (SAFE).	*(Initial)*
4. I understand that data without patient identity (e.g. no names used) may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies.	*(Initial)*

5. PATIENT SIGNATURE

E. PATIENT HISTORY

1a. NAME OF PERSON PROVIDING HISTORY *(Last, First, Middle Initial)*

b. RELATIONSHIP TO PATIENT	c. DATE *(YYYYMMDD)*	d. TIME

Patient Identification

2. PERTINENT MEDICAL HISTORY

a. LAST MENSTRUAL PERIOD:

b. Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings? If yes, describe: ☐ No ☐ Yes

c. Any other pertinent medical condition(s) that may affect the interpretation of current physical findings? If yes, describe: ☐ No ☐ Yes

d. Any pre-existing physical injuries? If yes, describe: ☐ No ☐ Yes

3. PERTINENT AND POST-ASSAULT RELATED HISTORY

	No	Yes	Unsure
a. Other intercourse within past 5 days? If yes:	☐	☐	
Anal (within past 5 days)? When: _____	☐	☐	
Vaginal (within past 5 days)? When: _____	☐	☐	
Oral (within past 5 days)? When: _____	☐	☐	
Did ejaculation occur?	☐	☐	☐
Where? _____			
Was a condom used?	☐	☐	☐

4. POST-ASSAULT HYGIENE/ACTIVITY ☐ Not Applicable if over 72 hours

	No	Yes
a. Urinated	☐	☐
b. Defecated	☐	☐
c. Genital or body wipes	☐	☐
If yes, describe: _____		
d. Douched	☐	☐
If yes, with what: _____		
e. Removed/inserted ☐ Tampon ☐ Diaphragm	☐	☐
f. Oral gargle/rinse	☐	☐
g. Bath/shower/wash	☐	☐
h. Brushed teeth	☐	☐
i. Ate or drank	☐	☐
j. Changed clothing	☐	☐
If yes, describe:		

F. ASSAULT HISTORY

1a. DATE OF ASSAULT(S) *(YYYYMMDD)*	b. TIME

2. LOCATION AND PERTINENT PHYSICAL SURROUNDINGS

3. PHYSICAL EFFECTS OF ASSAULT

a. Loss of memory? If yes, describe:* ☐ No ☐ Yes

b. Lapse of consciousness? If yes, describe:* ☐ No ☐ Yes

* If yes, collection of toxicology samples is recommended according to local policy. ☐ Blood ☐ Urine

c. Vomited? If yes, describe: ☐ No ☐ Yes

d. Non-genital injury, pain and/or bleeding? If yes, describe: ☐ No ☐ Yes

e. Anal-genital injury, pain and/or bleeding? If yes, describe: ☐ No ☐ Yes

f. Involuntary ingestion of alcohol/drugs ☐ No ☐ Yes ☐ Unsure

If yes: ☐ Alcohol ☐ Drugs

If yes: ☐ Forced ☐ Coerced ☐ Suspected

If yes, toxicology samples collected: ☐ Blood ☐ Urine ☐ None

4. INJURIES INFLICTED UPON THE ASSAILANT(S) DURING ASSAULT?

If yes, describe injuries, possible locations on the body, and how they were inflicted. ☐ No ☐ Yes

G. ACTS DESCRIBED BY PATIENT

- Any penetration of the genital or anal opening, however slight, constitutes the act.

- Type of sexual intercourse (oral, vaginal, anal).

- If more than one assailant, identify by number.

Patient Identification

1. PENETRATION OF VAGINA BY:	No	Yes	Attempted	Unsure	Describe:
a. Penis	☐	☐	☐	☐	
b. Finger	☐	☐	☐	☐	
c. Object If yes, describe the object:	☐	☐	☐	☐	

2. PENETRATION OF ANUS BY:	No	Yes	Attempted	Unsure	Describe:
a. Penis	☐	☐	☐	☐	
b. Finger	☐	☐	☐	☐	
c. Object If yes, describe the object:	☐	☐	☐	☐	

3. ORAL COPULATION OF GENITALS:	No	Yes	Attempted	Unsure	Describe:
a. Of patient by assailant	☐	☐	☐	☐	
b. Of assailant by patient	☐	☐	☐	☐	

4. ORAL COPULATION OF ANUS:	No	Yes	Attempted	Unsure	Describe:
a. Of patient by assailant	☐	☐	☐	☐	
b. Of assailant by patient	☐	☐	☐	☐	

5. NON-GENITAL ACT(S):	No	Yes	Attempted	Unsure	Describe:
a. Licking	☐	☐	☐	☐	
b. Kissing	☐	☐	☐	☐	
c. Suction injury	☐	☐	☐	☐	
d. Biting	☐	☐	☐	☐	

6. OTHER ACT(S):	No	Yes	Attempted	Unsure	Describe:
	☐	☐	☐	☐	

7. DID EJACULATION OCCUR? If yes, note location(s):	No	Yes		Unsure	Describe:
	☐	☐		☐	

☐ a. Mouth
☐ b. Vagina
☐ c. Anus/Rectum
☐ d. Body surface
☐ e. On clothing
☐ f. On bedding
☐ g. Other

8. CONTRACEPTIVE OR LUBRICANT PRODUCTS	No	Yes		Unsure	Describe Type/Brand, if known:
a. Foam used?	☐	☐		☐	
b. Jelly used?	☐	☐		☐	
c. Lubricant used?	☐	☐		☐	
d. Condom used?	☐	☐		☐	

H. GENERAL PHYSICAL EXAMINATION

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

1a. Blood Pressure	b. Pulse	c. Resp	d. Temp	2a. Exam Started Date (YYYYMMDD)	2a. Exam Started Time	b. Exam Completed Date (YYYYMMDD)	b. Exam Completed Time

3. Describe general physical appearance.

4. Describe general demeanor.

Patient Identification

5. Describe condition of clothing upon arrival.

6. Collect outer and underclothing if indicated. ☐ Not indicated

7. Conduct a physical examination. ☐ Findings ☐ No Findings

8. Collect dried and moist secretions, stains, and foreign materials from the body. Scan the entire body with a Wood's Lamp.

☐ Findings ☐ No Findings

9. Collect fingernail scrapings or cuttings according to local policy.

Diagram A

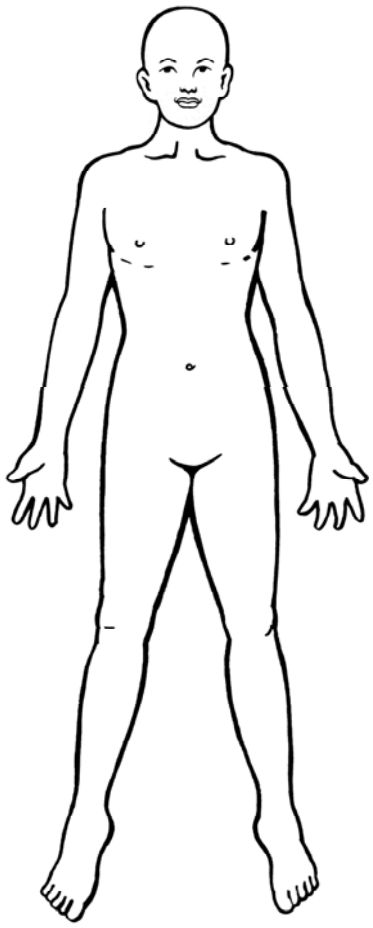
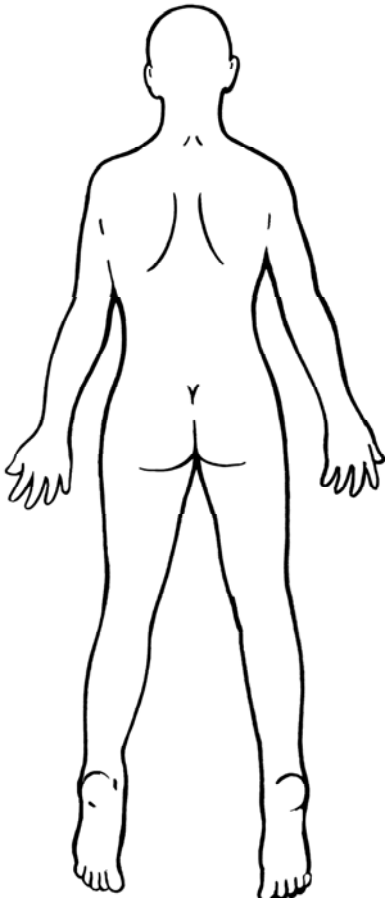


Diagram B



LEGEND: TYPES OF FINDINGS

AB	Abrasion	**CT**	Contusion (bruise)	**F/H**	Fiber/Hair	**MS**	Moist Secretion	**PE**	Petechiae	**TB**	Toluidine Blue⊗
ALS	Alternate Light Source	**DE**	Debris	**FB**	Foreign Body	**OF**	Other Foreign Materials (describe)	**PS**	Potential Saliva	**TE**	Tenderness
BI	Bite	**DF**	Deformity	**IN**	Induration			**SHX**	Sample Per History	**V/S**	Vegetation/Soil
BU	Burn	**DS**	Dry Secretion	**IW**	Incised Wound	**OI**	Other Injury (describe)	**SI**	Suction Injury		
CS	Control Swab	**ER**	Erythema (redness)	**LA**	Laceration			**SW**	Swelling		

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8.

I. HEAD, NECK, AND ORAL EXAMINATION

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

1. **Examine the face, head, hair, scalp, and neck for injury and foreign materials.** ☐ Findings ☐ No Findings
2. **Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, neck, and scalp.** ☐ Findings ☐ No Findings
3. **Examine the oral cavity for injury and foreign material (If indicated by assault history). Collect foreign materials.**
   Exam done: ☐ Not applicable ☐ Yes ☐ Findings ☐ No Findings
4. **Collect 2 swabs from the oral cavity up to 12 hours post assault and prepare one dry mount slide from one of the swabs.**
5. **Collect head hair reference samples according to local policy.**

Patient Identification

Diagram C

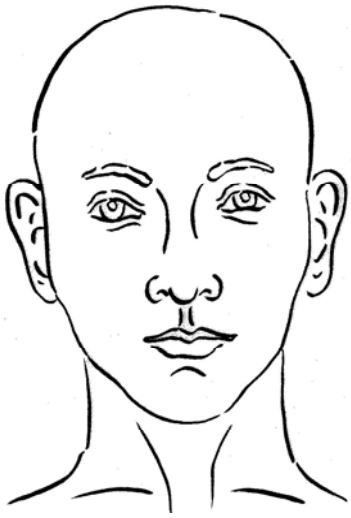


Diagram D

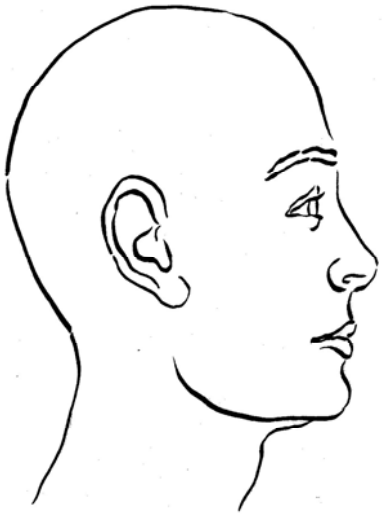


Diagram E

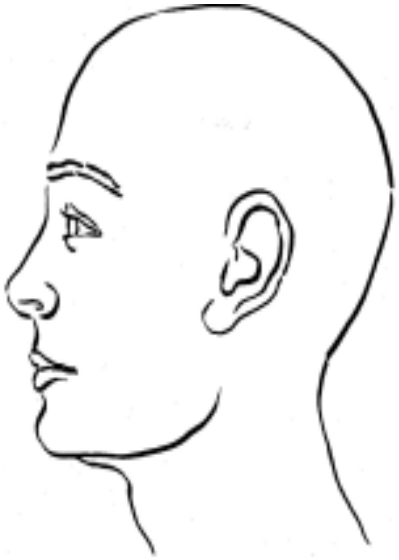
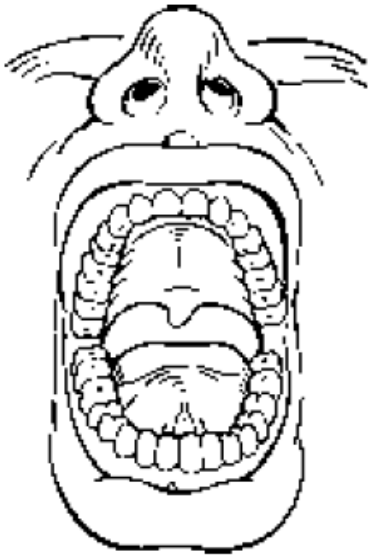


Diagram F



LEGEND: TYPES OF FINDINGS

AB	Abrasion	**CT**	Contusion (bruise)	**F/H**	Fiber/Hair	**MS**	Moist Secretion	**PE**	Petechiae	**TB**	Toluidine Blue⊗
ALS	Alternate Light Source	**DE**	Debris	**FB**	Foreign Body	**OF**	Other Foreign Materials (describe)	**PS**	Potential Saliva	**TE**	Tenderness
BI	Bite	**DF**	Deformity	**IN**	Induration			**SHX**	Sample Per History	**V/S**	Vegetation/Soil
BU	Burn	**DS**	Dry Secretion	**IW**	Incised Wound	**OI**	Other Injury (describe)	**SI**	Suction Injury		
CS	Control Swab	**ER**	Erythema (redness)	**LA**	Laceration			**SW**	Swelling		

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL SPECIMENS COLLECTED ON PAGE 8.

J. GENITAL EXAMINATION - FEMALES

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

1. Examine the inner thighs, external genitalia, and perineal area. Check the box(es) if there are assault related findings.

- ☐ No Findings
- ☐ Inner thighs
- ☐ Perineum
- ☐ Labia majora
- ☐ Labia minora
- ☐ Clitoris/surrounding area
- ☐ Periurethral tissue/urethral meatus
- ☐ Perihymenal tissue (vestibule)
- ☐ Hymen
- ☐ Fossa Navicularis
- ☐ Posterior fourchette

2. Collect dried and moist secretions, stains, and foreign materials. Scan the area with an Alternate Light Source. ☐ Findings ☐ No Findings

3. Collect pubic hair combing or brushing.

4. Collect pubic hair reference samples according to local policy.

5. Examine the vagina and cervix. Check the box(es) if there are assault related findings.

☐ No Findings ☐ Vagina ☐ Cervix

6. Collect 4 swabs from the vaginal pool. Prepare one wet mount slide and one dry mount slide.

7. Collect 2 cervical swabs (if over 48 hours post assault).

8. Examine the buttocks, anus, and rectum (if indicated by history).

Exam done: ☐ Yes ☐ Not applicable

Check the box(es) if there are assault related findings.

- ☐ No Findings
- ☐ Buttocks
- ☐ Perianal skin
- ☐ Anal verge/folds/rugae
- ☐ Rectum

9. Collect dried and moist secretions, stains, and foreign materials.

☐ Findings ☐ No Findings

10. Collect 2 anal and/or rectal swabs and prepare one dry mount slide.

11. Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding.

Rectal bleeding: ☐ No ☐ Yes

If yes, describe: _____

12. Exam position used:

☐ Supline Lithotomy ☐ Other (describe): _____

LEGEND: TYPES OF FINDINGS

AB	Abrasion	**ER**	Erythema (redness)	**OI**	Other Injury (describe)
ALS	Alternate Light Source	**F/H**	Fiber/Hair	**PE**	Petechiae
BI	Bite	**FB**	Foreign Body	**PS**	Potential Saliva
BU	Burn	**IN**	Induration	**SHX**	Sample Per History
CS	Control Swab	**IW**	Incised Wound	**SI**	Suction Injury
CT	Contusion (bruise)	**LA**	Laceration	**SW**	Swelling
DE	Debris	**MS**	Moist Secretion	**TB**	Toluidine Blue⊗
DF	Deformity	**OF**	Other Foreign Materials (describe)	**TE**	Tenderness
DS	Dry Secretion			**V/S**	Vegetation/Soil

Locator #	Type	Photo #	Description

Patient Identification

Diagram G

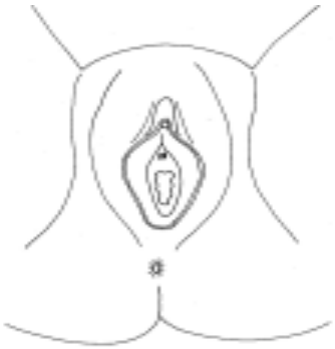
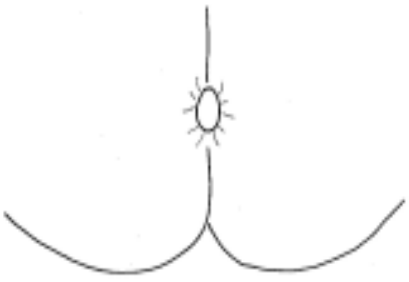


Diagram H

Diagram I

Diagram J



RECORD ALL SPECIMENS COLLECTED ON PAGE 8.

K. GENITAL EXAMINATION - MALES

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

1. Examine the inner thighs, external genitalia, and perineal area. Check the box(es) if there are assault related findings.

- ☐ No Findings
- ☐ Inner thighs
- ☐ Glans penis
- ☐ Scrotum
- ☐ Perineum
- ☐ Penile shaft
- ☐ Testes
- ☐ Foreskin
- ☐ Urethral meatus

2. Circumcised: ☐ No ☐ Yes

3. Collect dried and moist secretions, stains, and foreign materials. Scan the area with an Alternate Light Source. ☐ Findings ☐ No Findings

4. Collect pubic hair combing or brushing.

5. Collect pubic hair reference samples according to local policy.

6. Collect 2 penile swabs, if indicated by assault history. ☐ N/A

7. Collect 2 scrotal swabs, if indicated by assault history. ☐ N/A

8. Examine the buttocks, anus, and rectum (if indicated by history).

Exam done: ☐ Yes ☐ Not applicable

Check the box(es) if there are assault related findings.

- ☐ No Findings
- ☐ Buttocks
- ☐ Anal verge/folds/rugae
- ☐ Perianal skin
- ☐ Rectum

9. Collect dried and moist secretions, stains, and foreign materials.

☐ Findings ☐ No Findings

10. Collect 2 anal and/or rectal swabs and prepare one dry mount slide.

11. Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding.

Rectal bleeding: ☐ No ☐ Yes

If yes, describe: _____

12. Exam position used:

☐ Supine ☐ Other (describe) _____

Patient Identification

Diagram K

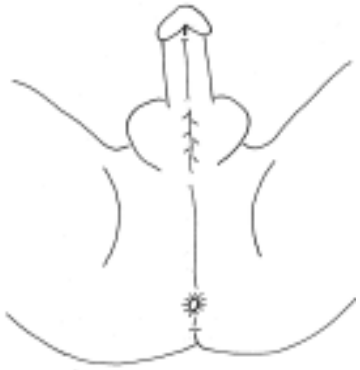


Diagram L

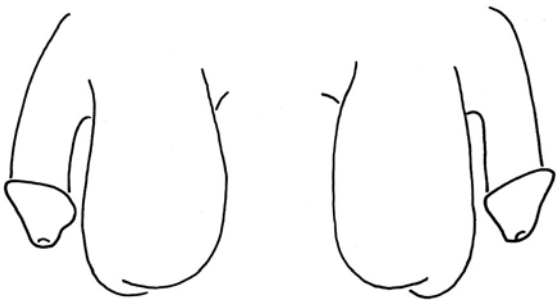


Diagram M

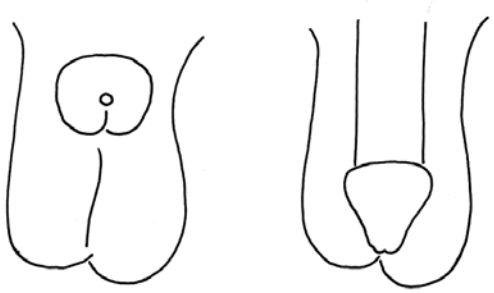
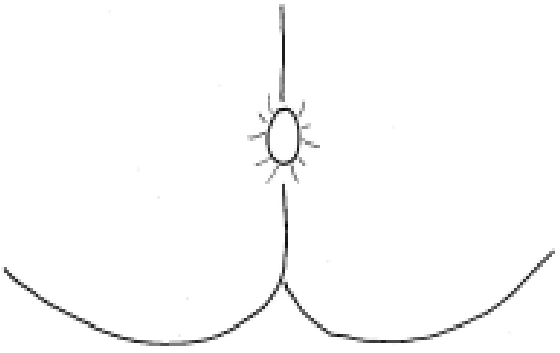


Diagram N



LEGEND: TYPES OF FINDINGS

AB	Abrasion	**ER**	Erythema (redness)	**OI**	Other Injury (describe)
ALS	Alternate Light Source	**F/H**	Fiber/Hair	**PE**	Petechiae
BI	Bite	**FB**	Foreign Body	**PS**	Potential Saliva
BU	Burn	**IN**	Induration	**SHX**	Sample Per History
CS	Control Swab	**IW**	Incised Wound	**SI**	Suction Injury
CT	Contusion (bruise)	**LA**	Laceration	**SW**	Swelling
DE	Debris	**MS**	Moist Secretion	**TB**	Toluidine Blue⊗
DF	Deformity	**OF**	Other Foreign Materials (describe)	**TE**	Tenderness
DS	Dry Secretion			**V/S**	Vegetation/Soil

Locator #	Type	Photo #	Description

RECORD ALL SPECIMENS COLLECTED ON PAGE 8.

L. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

1a. Clothing placed in evidence kit	b. Other clothing placed in bags

Patient Identification

2. Foreign materials collected

	No	Yes	Collected by:
a. Swabs/suspected blood	☐	☐	
b. Dried secretions	☐	☐	
c. Fiber/loose hairs	☐	☐	
d. Vegetation	☐	☐	
e. Soil/debris	☐	☐	
f. Swabs/suspected semen	☐	☐	
g. Swabs/suspected saliva	☐	☐	
h. Swabs/Alternate Light Source area(s)	☐	☐	
i. Control swabs	☐	☐	
j. Fingernail scrapings/cuttings	☐	☐	
k. Matted hair cuttings	☐	☐	
l. Pubic hair combings/brushings	☐	☐	
m. Intravaginal foreign body	☐	☐	
If yes, describe:			
n. Other types	☐	☐	
If yes, describe:			

P. RECORD EXAM METHODS

	No	Yes		No	Yes
a. Direct visualization only	☐	☐	e. Toluidine Blue Dye	☐	☐
b. Colposcopy	☐	☐	f. Anoscopic exam	☐	☐
c. Other magnifier	☐	☐	g. Anal speculum exam	☐	☐
d. Other	☐	☐			

If yes, describe: _____

Q. FINDINGS *(Note any other documents included with the report.)*

3. Oral/genital/anal/rectal samples

	# Swabs	# Slides	Time Collected	Collected by:
a. Oral				
b. Vaginal				
c. Cervical				
d. Anal				
e. Rectal				
f. Penile				
g. Scrotal				

h. Aspirate/washings *(optional)* ☐ No ☐ Yes

4. Vaginal wet mount slide

	No	Yes	Time	Examiner:
a. Slide prepared				
b. Motile sperm observed				
c. Non-motile sperm observed				

M. TOXICOLOGY SAMPLES

	No	Yes	Time	Collected by:
a. Blood alcohol/toxicology *(gray top tube)*				
b. Urine toxicology				

N. REFERENCE SAMPLES

	No	Yes	Collected by:
a. Blood *(lavender top tube)*			
b. Blood *(yellow top tube)*			
c. Blood Card *(optional)*			
d. Buccal swabs *(optional)*			
e. Saliva swabs			
f. Head hair			
g. Pubic hair			

O. PHOTO DOCUMENTATION METHODS

	No	Yes	Colposcope/ 35mm	Macrolens/ 35mm	Colposcope/ Videocamera	Other Optics
a. Body	☐	☐	☐	☐	☐	☐
b. Genitals	☐	☐	☐	☐	☐	☐

c. Photographed by: _____

R. PRINT NAMES OF PERSONNEL INVOLVED

a. History taken by:	Telephone *(Include Area Code)*:
b. Exam performed by:	
c. Specimens labeled and sealed by:	
d. Assisted by: ☐ N/A	
e. Signature of examiner	Telephone *(Include Area Code)*:

S. EVIDENCE DISTRIBUTION

	Given to:
a. Clothing (item(s) not placed in evidence kit)	
b. Evidence kit and _____ bags	
c. Reference blood samples	
d. Toxicology samples	

T. SIGNATURE OF OFFICER RECEIVING EVIDENCE *(For Unrestricted only)*

a. Signature

b. Printed name and ID number

c. Agency

d. Date *(YYYYMMDD)*	e. Telephone *(Include Area Code)*