SEXUAL ASSAULT MEDICAL CERTIFICATE

Confidential Document

Today's Date / / Time _____ : _____	Location of medical exam

A. PATIENT INFORMATION

1. Last name	2. Post-name	3. First name
4. Address		5. Gender ☐ Female ☐ Male
6. Age ☐ Not known	7. Date of birth / / ☐ Not known	8. Place of birth ☐ Not known

9. Marital status ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Not applicable

Note: If the patient is male, skip to question 14.

10. Date of last menstrual period / / ☐ Premenarchal ☐ Post-menopausal ☐ Not known

11. Number of pregnancies	12. Number of live births	13. Currently pregnant ☐ Yes ☐ No ☐ Not known

14. Patient had consensual intercourse within 7 days before the exam ☐ Yes ☐ No

15. Patient had anal/vaginal wounds, injuries, diagnostic procedures or medical treatments within 60 days before the assault that could affect the interpretations of the current medical exam ☐ Yes ☐ No *If "Yes," explain* : _____

16. Date and time of the assault / / _____ : _____ ☐ Not known	17. Place of the assault ☐ Not known

18. Use of force, threats or weapons (*check all that apply*) ☐ Physical force ☐ Use of weapons ☐ Threats to the patient ☐ Threats to others ☐ No force ☐ Not known

19. Type of force/weapons (*check all that apply*) ☐ Sticks/batons ☐ Knives ☐ Blindfold ☐ Hands ☐ Not known ☐ Other (*such as forced nudity, suspension, electrical torture, witness or participation in torture of others, etc.*) : _____ ☐ Guns ☐ Restraints ☐ Gag ☐ Feet

20. Forced chemical intoxication of patient (*check all that apply*) ☐ No ☐ Drugs ☐ Alcohol ☐ Not known ☐ Other : _____

B. SUSPECT INFORMATION

1. Number of suspects ☐ One (1) ☐ Two (2) ☐ Three (3) ☐ More than three *If "More than three," specify the number* : _____ ☐ Not known

First suspect: answer questions 2 through 6.	*Second suspect: answer questions 7 through 11.*
2. Relationship of suspect to patient (*check all that apply*) ☐ Acquaintance ☐ Family member ☐ Stranger ☐ Intimate partner / ex-partner ☐ Not known ☐ Other : _____	7. Relationship of suspect to patient (*check all that apply*) ☐ Acquaintance ☐ Family member ☐ Stranger ☐ Intimate partner / ex-partner ☐ Not known ☐ Other : _____
3. Suspect gender ☐ Female ☐ Male ☐ Not known	8. Suspect gender ☐ Female ☐ Male ☐ Not known
4. Approximate age of suspect ☐ Not known	9. Approximate age of suspect ☐ Not known
5. Suspect is ☐ Civilian ☐ Police ☐ Military ☐ Militia ☐ Not known	10. Suspect is police/military/militia ☐ Civilian ☐ Police ☐ Military ☐ Militia ☐ Not known
6. Language(s) spoken by suspect ☐ Not known	11. Language(s) spoken by suspect ☐ Not known

If three or more suspects, answer question 12.

12. Describe the suspects in detail (*including relationships to patient, genders, approximate ages, whether suspects are police/military/rebels, languages spoken, etc.*): _____

Name of clinician _____ NºC.N.O.M. _____

Signature of clinician _____

Date _____ / _____ / _____

C. SUMMARY OF EVENTS REPORTED BY THE PATIENT

1. Penetration of female genitalia with:	Yes	No	Attempted	Not known	Comments:
a. penis	☐	☐	☐	☐	
b. finger(s)	☐	☐	☐	☐	
c. foreign body	☐	☐	☐	☐	

2. Penetration of anus with:	Yes	No	Attempted	Not known	Comments:
a. penis	☐	☐	☐	☐	
b. finger(s)	☐	☐	☐	☐	
c. foreign body	☐	☐	☐	☐	

3. Oral contact with genitalia:	Yes	No	Attempted	Not known	Comments:
a. supect to patient	☐	☐	☐	☐	
b. third party to patient	☐	☐	☐	☐	
c. patient to suspect	☐	☐	☐	☐	
d. patient to third party	☐	☐	☐	☐	

4. Oral contact with anus:	Yes	No	Attempted	Not known	Comments:
a. suspect to patient	☐	☐	☐	☐	
b. third party to patient	☐	☐	☐	☐	
c. patient to suspect	☐	☐	☐	☐	
d. patient to third party	☐	☐	☐	☐	

5. Genital touch / contact:	Yes	No	Attempted	Not known	Comments:
a. suspect to patient	☐	☐	☐	☐	
b. third party to patient	☐	☐	☐	☐	
c. patient to suspect	☐	☐	☐	☐	
d. patient to third party	☐	☐	☐	☐	
e. patient to self	☐	☐	☐	☐	

6. Ejaculation:	Yes	No	Not known	Comments :
a. inside body orifice of patient	☐	☐	☐	
b. outside body orifice of patient	☐	☐	☐	
c. specify location of ejaculation:				

D. POST-ASSAULT PATIENT HYGIENE

1. After the assault, the patient *(check all that apply)*

☐ Ate ☐ Drank ☐ Brushed teeth ☐ Showered ☐ Took a bath ☐ Urinated ☐ Not known

E. PATIENT ACCOUNT OF EVENT

Provide a summary of the key elements of the assault as described by the patient. (If there are additional facts or observations that are not otherwise represented in this form, please attach a typed narrative.)

F. GENERAL PHYSICAL EXAM OF THE PATIENT

1. Blood pressure /	2. Pulse	3. Respiration	4. Temperapture (Celsius)	5. Weight	6. Height

5. Behavior and psychological state *(check all that apply)*

☐ fear ☐ withdrawn ☐ sad ☐ ashamed ☐ impaired mental status

☐ angry ☐ shocked ☐ crying ☐ mute ☐ anxious

REMEMBER TO: **COLLECT EVIDENCE** *(wet and dry secretions, stains, clothing and foreign materials from the patient's body)*; **USE RAPE KIT** *(when available)* **AND CHAIN OF CUSTODY FORMS; and TAKE PHOTOGRAPHS**

Name of clinician _____ **NºC.N.O.M.** _____

Signature of clinician _____

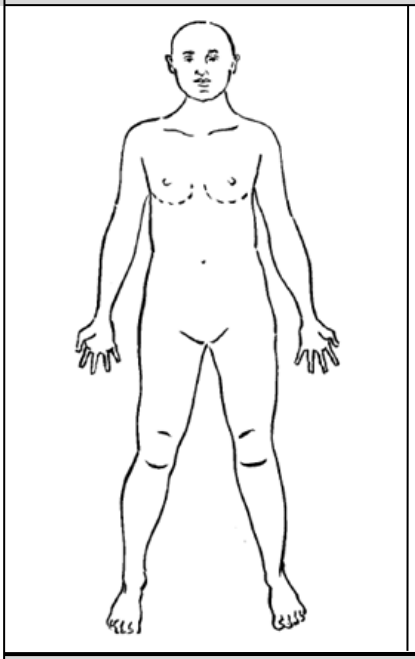
Date ____/____/____

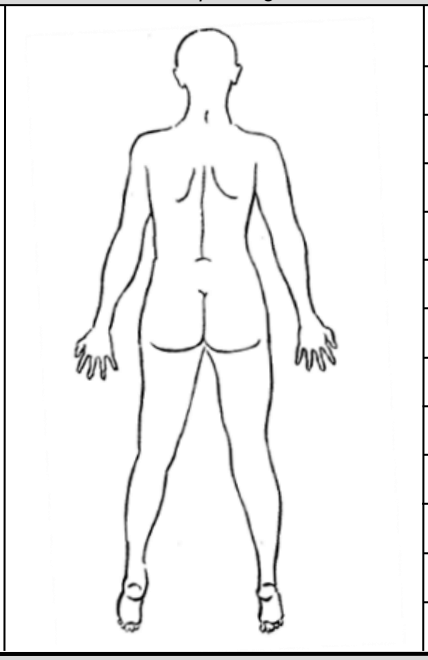
F. GENERAL PHYSICAL EXAM OF THE PATIENT *(continued)*

Legend: Findings

A Abrasion	**BI** Bite	**BU** Burn	**DB** Debris	**DF** Deformity	**DS** Dry secretion	**EC** Ecchymosis (bruise)	**ER** Erythema (redness)	**FB** Foreign body (describe)
FI Fiber (include hair)	**G** Gunshot wound	**I** Incision	**L** Laceration	**M** Moist secretion	**O** Other injury (describe)	**P** Sensitivity (include pain)	**S** Swelling	**V** Vegetation (include soil, dirt)

Number each discrete injury/finding on the diagrams below.
In the table below, write the number with the corresponding abbreviation for the type of finding (see table of findings above).



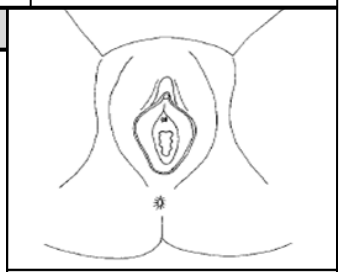


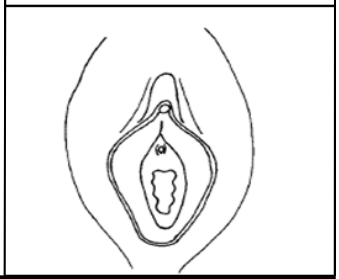
Location on the body	Findings	Comments :

G. GENITAL EXAM (FEMALE)

Use the legend above to identify and localize elements of the genital exam.
Examine the inner thighs, external genitalia, and perineal and anal areas (check the boxes if there are relevant sexual assault findings)

1. **Inner thigh injury** ☐ Yes ☐ No
2. **Periurethral / urethral meatus injury** ☐ Yes ☐ No
3. **Perineum injury** ☐ Yes ☐ No
4. **Labia majora injury** ☐ Yes ☐ No
5. **Labia minora injury** ☐ Yes ☐ No
6. **Hymen injury** ☐ Yes ☐ No
7. **Clitoris/surrounding area injury** ☐ Yes ☐ No
8. **Buttocks / anal verge / folds / rugae injury** ☐ Yes ☐ No
9. **Vagina injury** ☐ Yes ☐ No
10. **Cervix injury** ☐ Yes ☐ No
11. **Exam position used**
    - ☐ Supine
    - ☐ Knee-chest
    - ☐ Other

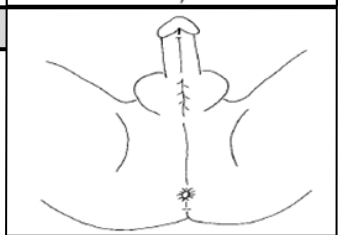


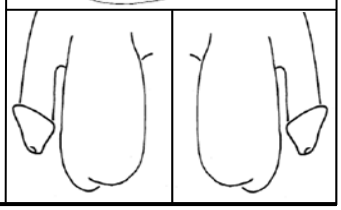


H. GENITAL EXAM (MALE)

Examine the inner thighs, external genitalia, and perineal and anal areas (check the boxes if there are relevant sexual assault findings)

1. **Inner thigh injury** ☐ Yes ☐ No
2. **Glans penis or penile shaft injury** ☐ Yes ☐ No
3. **Scrotum injury** ☐ Yes ☐ No
4. **Testes injury** ☐ Yes ☐ No
5. **Patient is circumcised** ☐ Yes ☐ No
6. **Buttocks / anal verge / folds / rugae injury** ☐ Yes ☐ No
7. **Rectal bleeding** ☐ Yes ☐ No





Name of clinician _____ **NºC.N.O.M.** _____

Signature of clinician _____

Date ____/____/____

I. LABORATORY AND OTHER TESTS

PERFORMED:	Yes	No	*RESULTS:*	*PERFORMED:*	Yes	No	*RESULTS:*
1. HIV serology	☐	☐		6. Urinary analysis	☐	☐	
2. Syphilis	☐	☐		7. Wet mount for sperm / infection	☐	☐	
3. Hepatitis B	☐	☐		8. Ultrasound	☐	☐	
4. PAP smear	☐	☐		9. Other testing	☐	☐	
5. Pregnancy test	☐	☐					

J. TREATMENT / PLAN

1. Post-exposure Prophylaxis (PEP)	Yes	Non	Comments:
a. PEP	☐	☐	
2. Medications	**Yes**	**No**	**Comments:**
a. Antibiotics	☐	☐	
b. Pain medicine	☐	☐	
c. Emergency contraception	☐	☐	
d. Other	☐	☐	
3. Referrals	**Yes**	**No**	**Comments:**
a. Patient will be referred to specialist today	☐	☐	
4. Police requisition	**Yes**	**No**	**Comments:**
a. Police requisition completed	☐	☐	
b. *If 4a is "No,"* does the patient want to report to the police?	☐	☐	
c. *If 4b is "No,"* was the patient counseled on the value of a police investigation?	☐	☐	

K. EVALUATION FINDINGS

1. History of event: _____
2. Behavioral observations: _____
3. Physical findings: _____
4. Laboratory tests: _____
5. Completed documents attached to this certificate:

☐ Laboratory test results ☐ Written narrative (preferably typed) ☐ Photographs ☐ Not applicable

L. EVALUATION CONCLUSIONS

1. **The medical evaluation findings are:** *(choose only one option)*
   ☐ **CONSISTENT** with
   ☐ **HIGHLY CONSISTENT** with
   ☐ **DIAGNOSTIC** of
   ☐ **NOT CONSISTENT** with
   SEXUAL assault.

2. **The medical evaluation findings are:** *(choose only one option)*
   ☐ **CONSISTENT** with
   ☐ **HIGHLY CONSISTENT** with
   ☐ **DIAGNOSTIC** of
   ☐ **NOT CONSISTENT** with
   PHYSICAL assault.

M. CLINICIAN OATH

I have provided informed consent to the patient for the evaluation, photographs, and transfer of affidavit to the legal system or law enforcement.

☐ Yes ☐ No

I hereby solemnly swear that the information provided in this form is true and complete to the best of my knowledge and belief.

Name of clinician _____
Signature of clinician _____
Date ____ / ____ / ____

Name of clinician _____ **NºC.N.O.M.** _____
Signature of clinician _____ **Date** ____ / ____ / ____