



Ministry of Health and Social Welfare
 Republic of Liberia



MEDICAL REPORT

THIS FORM IS TO BE PROVIDED FREE OF CHARGE TO THE PATIENT

Instructions for completion: This medical report has been specifically designed for reporting on the results of a medical examination following a complaint of sexual violence or abuse and is to be completed by the examining medical doctor, physician's assistant, registered nurse, certified nurse midwife or certified midwife. Please print legibly.

Section 1. Patient Information

Name: First: _____ Last: _____ Sex: _____

Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____

Town/Village and County of Residence: _____

Name of Accompanying Individual: _____

Relationship to Patient: _____

Section 2. Examiner Information

Name: First: _____ Last: _____

Title/Position (check one):

Medical Doctor Physician's Assistant Registered Nurse

Certified Nurse Midwife Certified Midwife

License Number: _____ License: _____

Date of License: _____ Expiration Date: _____

Date of Examination: _____ Place of Examination: _____

Name and Signature or Finger Print of Patient: _____

Signature of Examiner: _____ Title: _____

Facility: _____ Date: _____

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Section 4. Patient's Description of Violence Used by Perpetrator			
Type of violence	Yes	No	Description of type of violence used and area of body where applied, for example: <i>Hit with fist on head and face</i>
Intimidation or threats			
Physical violence			
Restraints			
Weapons used or threatened			
Drugs or alcohol administered			

Number of Assailants: _____

Ejaculation: Yes No Not sure

If yes, location of ejaculation: Vagina Rectum Mouth Other location

Specify: _____

Name and Signature or Finger Print of Patient:	
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Section 5. Patient's Description of Penetration				
Penetration by	Yes	No	Not Sure	Description of penetration including what part of patient's body was penetrated
Penis				
Finger				
Object				
Condom used				

Section 6. Forensic Evidence Collection					
Complete the following section if patient arrives for treatment within 72 hours of incident and forensic evidence is collected					
After incident, did patient	Yes	No		Yes	No
Vomit?			Change clothes?		
Urinate?			Wash, shower or bath?		
Defecate?			Use a pad or tampon?		
Rinse mouth?			Engage in consensual sexual intercourse?		

Prior to incident, when was the last time patient engaged in sexual intercourse?

Are there any medical complaints related to the incident? If so, describe:

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Section 7. Medical Examination			
Height:	Weight:	Leave blank	
Pulse:	BP:	Resp. rate:	Temp:
Head & Face:		Mouth & Nose:	
Eyes & Ears:		Neck:	
Chest:		Back:	
Abdomen:		Buttocks:	
Arms & Hands:		Legs & Feet:	

Appearance (state of clothing, hair, etc.)
Mental Status (as observed by examiner i.e. crying, calm, agitated, etc.)

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Section 8. Genital Examination	
Date of last menstrual period: _____	
Menstruating at time of incident: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vulva / Scrotum	Introitus / Hymen
Anus / Rectum	Vagina / Penis
Cervix (Speculum examination)	Bimanual Pelvic Examination

Name and Signature or Finger Print of Patient:	
Signature of Examiner:	Title:
Facility:	Date: