State of California
California Emergency Management Agency

# FORENSIC MEDICAL REPORT: ACUTE (<72 HOURS) ADULT/ADOLESCENT SEXUAL ASSAULT EXAMINATION

# CalEMA 2-923

For more information or assistance in completing the Cal-EMA 2-923 please contact
University of California, Davis California Medical Training Center at:
(916) 734-4141

This form is available on the following Web site:
www.CalEMA.ca.gov

# FORENSIC MEDICAL REPORT: ACUTE (<72 HOURS)
# ADULT/ADOLESCENT SEXUAL ASSAULT EXAMINATION

**STATE OF CALIFORNIA**
**California Emergency Management Agency**

# CalEMA 2-923

**Confidential Document**

**Patient Identification**

## A. GENERAL INFORMATION (print or type)

**Name of Medical Facility:**

**1. Name of patient** | **Patient ID number**

**2. Address** | **City** | **County** | **State** | **Telephone (W) (H)**

| 3. Age | DOB | Gender M F | Ethnicity | Arrival Date | Arrival Time | Discharge Date | Discharge Time |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

## B. REPORTING AND AUTHORIZATION

**Jurisdiction (☐city ☐county ☐other):**

**1. Telephone report made to law enforcement agency**
**Name of Officer** | **Agency** | **ID Number** | **Telephone**

**Reported by:**
**Name** | **Date** | **Time**

**2. Responding Officer** | **Agency** | **ID Number** | **Telephone**

**3. I request a forensic medical examination for suspected sexual assault at public expense.**

**Law enforcement officer** | **ID number** | **Agency**

**Telephone** | **Date** | **Time** | **Case Number**

**Telephone Authorization**
Agency:
Authorizing party:
ID number:
Date/time:

## C. PATIENT INFORMATION

- I understand that hospitals and health care professionals are required by Penal Code Sections 11160-11161 to report to law enforcement authorities cases in which medical care is sought when injuries have been inflicted upon any person in violation of any state penal law. The report must state the name of the injured person, current whereabouts, and the type and extent of injuries. _____ (Initial)
- I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Victims of Crime (VOC) Restitution Fund for out-of-pocket medical expenses, psychological counseling, loss of wages, and job retraining and rehabilitation. _____ (Initial)

## D. PATIENT CONSENT

Minors: Family Code Section 6927 permits minors (12 to 17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions for parental notification requirements for minors.

- 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 provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies. _____ (Initial)

Signature _____ ☐ Patient ☐ Parent ☐ Guardian

## DISTRIBUTION OF CalEMA 2-923

☐ Original - Law Enforcement ☐ Copy within evidence kit - Crime Lab ☐ Copy - Child Protective Services (if patient is a minor) ☐ Copy - Medical Facility Records

## E. PATIENT HISTORY

| 1. Name of person providing history: | Relationship to patient: | Date | Time |
|---|---|---|---|
| | | | |

**2. Pertinent medical history:**

- Last menstrual period _____
- Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings? ☐ No ☐ Yes
  If yes, describe: _____
- Any other pertinent medical condition(s) that may affect the interpretation of current physical findings? ☐ No ☐ Yes
  If yes, describe: _____
- Any pre-existing physical injuries? ☐ No ☐ Yes
  If yes, describe: _____

**3. Pertinent pre- and post-assault related history:**

| | No | Yes | Unsure |
|---|---|---|---|
| • Other intercourse within past 5 days? | ☐ | ☐ | |
| If yes, | | | |
| anal (within past 5 days)? When _____ | ☐ | ☐ | |
| vaginal (within past 5 days)? When _____ | ☐ | ☐ | |
| oral (within past 24 hours)? When _____ | ☐ | ☐ | |
| If yes, did ejaculation occur? | ☐ | ☐ | ☐ |
| If yes, where? _____ | | | |
| If yes, was a condom used? | ☐ | ☐ | ☐ |
| • Any voluntary alcohol use within 12 hours prior to assault? | ☐ | ☐* | |
| • Any voluntary drug use within 96 hours prior to assault ? | ☐ | ☐* | |
| • Any voluntary drug or alcohol use between the time of the assault and the forensic exam? | ☐ | ☐* | |

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

**4. Post-assault hygiene/activity:** ☐ **Not applicable if over 72 hours**

| | No | Yes |
|---|---|---|
| Urinated | ☐ | ☐ |
| Defecated | ☐ | ☐ |
| Genital or body wipes | ☐ | ☐ |
| If yes, describe: _____ | | |
| Douched | ☐ | ☐ |
| If yes, with what _____ | | |
| Removed/inserted tampon☐ diaphragm☐ | ☐ | ☐ |
| Oral gargle/rinse | ☐ | ☐ |
| Bath/shower/wash | ☐ | ☐ |
| Brushed teeth | ☐ | ☐ |
| Ate or drank | ☐ | ☐ |
| Changed clothing | ☐ | ☐ |
| If yes, describe: _____ | | |

**5. Assault-related history:**

| | No | Yes |
|---|---|---|
| Loss of memory? If yes, describe: | ☐ | ☐ * |
| Lapse of consciousness? If yes, describe: | ☐ | ☐ * |

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

| | | |
|---|---|---|
| Vomited? If yes, describe: | ☐ | ☐ |
| Non-genital injury, pain and/or bleeding? If yes, describe: | ☐ | ☐ |
| Anal-genital injury, pain, and/or bleeding? If yes, describe: | ☐ | ☐ |

**Patient Identification**

## F. ASSAULT HISTORY

| 1. Date of assault(s): | Time of assault(s): |
|---|---|
| | |

**2. Pertinent physical surroundings of assault(s):**

| 3. Alleged assailant(s) name(s) | Age | Gender | Ethnicity | Relationship to patient | |
|---|---|---|---|---|---|
| | | | | Known | Unknown |
| #1. | | M F | | | |
| #2. | | M F | | | |
| #3. | | M F | | | |
| #4. | | M F | | | |

**4. Methods employed by assailant(s):**

| | No | Yes | If yes, describe: |
|---|---|---|---|
| Weapons | ☐ | ☐ | |
| Threatened? | ☐ | ☐ | |
| Injuries inflicted? | ☐ | ☐ | |
| Type(s) of weapons? | ☐ | ☐ | |
| Physical blows | ☐ | ☐ | |
| Grabbing/holding/pinching | ☐ | ☐ | |
| Physical restraints | ☐ | ☐ | |
| Choking/strangulation | ☐ | ☐ | |
| Burns (thermal and/or chemical) | ☐ | ☐ | |
| Threat(s) of harm | ☐ | ☐ | |
| Target(s) of threat(s) | ☐ | ☐ | |
| Other methods | ☐ | ☐ | |

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

**5. Injuries inflicted upon the assailant(s) during assault?** ☐ No ☐ Yes
If yes, describe injuries, possible locations on the body, and how they were inflicted.

_____

## G. ACTS DESCRIBED BY PATIENT

- **Any penetration of the genital or anal opening, however slight, constitutes the act.**
- **Oral copulation requires only contact**
- **If more than one assailant, identify by number.**

**Patient Identification**

**1. Penetration of vagina by:**

| | No | Yes | Attempted | Unsure |
|---|---|---|---|---|
| Penis | ☐ | ☐ | ☐ | ☐ |
| Finger | ☐ | ☐ | ☐ | ☐ |
| Object | ☐ | ☐ | ☐ | ☐ |

If yes, describe the object:

Describe: _____

**2. Penetration of anus by:**

| | No | Yes | Attempted | Unsure |
|---|---|---|---|---|
| Penis | ☐ | ☐ | ☐ | ☐ |
| Finger | ☐ | ☐ | ☐ | ☐ |
| Object | ☐ | ☐ | ☐ | ☐ |

If yes, describe the object:

Describe: _____

**3. Oral copulation of genitals:**

| | No | Yes | Attempted | Unsure |
|---|---|---|---|---|
| Of patient by assailant | ☐ | ☐ | ☐ | ☐ |
| Of assailant by patient | ☐ | ☐ | ☐ | ☐ |

Describe: _____

**4. Oral copulation of anus:**

| | No | Yes | Attempted | Unsure |
|---|---|---|---|---|
| Of patient by assailant | ☐ | ☐ | ☐ | ☐ |
| Of assailant by patient | ☐ | ☐ | ☐ | ☐ |

Describe: _____

**5. Non-genital act(s):**

| | No | Yes | Attempted | Unsure |
|---|---|---|---|---|
| Licking | ☐ | ☐ | ☐ | ☐ |
| Kissing | ☐ | ☐ | ☐ | ☐ |
| Suction injury | ☐ | ☐ | ☐ | ☐ |
| Biting | ☐ | ☐ | ☐ | ☐ |

Describe: _____

**6. Other act(s):**

| No | Yes | Attempted | Unsure |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

Describe: _____

**7. Did ejaculation occur?**

| No | Yes | Unsure |
|---|---|---|
| ☐ | ☐ | ☐ |

If yes, note location(s):

- ☐ Mouth
- ☐ Vagina
- ☐ Anus/Rectum
- ☐ Body surface
- ☐ On clothing
- ☐ On bedding
- ☐ Other

Describe: _____

**8. Contraceptive or lubricant products:**

| | No | Yes | Unsure |
|---|---|---|---|
| Foam used? | ☐ | ☐ | ☐ |
| Jelly used? | ☐ | ☐ | ☐ |
| Lubricant used? | ☐ | ☐ | ☐ |
| Condom used? | ☐ | ☐ | ☐ |

Describe Type/Brand, if known: _____

## H. GENERAL PHYSICAL EXAMINATION

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

| 1. Blood Pressure | Pulse | Resp | Temp | 2. Exam Started | | Exam Completed | |
|---|---|---|---|---|---|---|---|
| | | | | Date | Time | Date | 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**

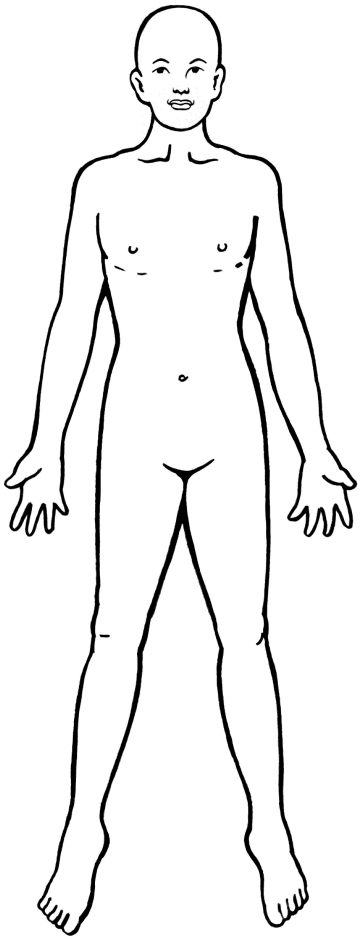
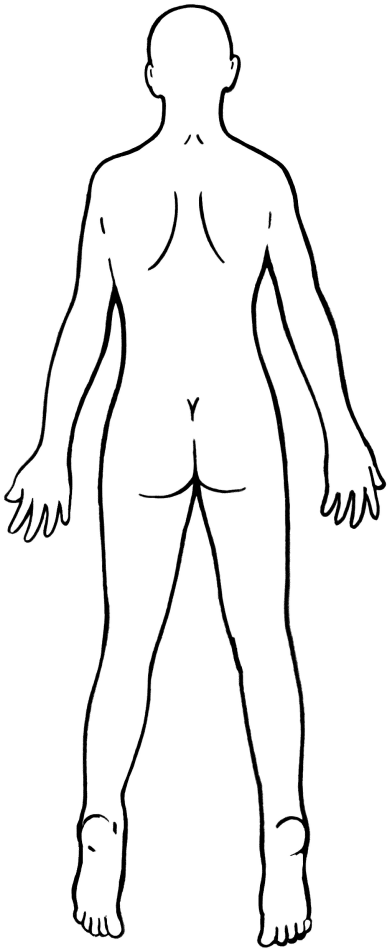


**Diagram B**



**LEGEND: Types of Findings**

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

| Locator # | Type | Description | Locator # | Type | Description |
|---|---|---|---|---|---|
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**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, scalp, and neck.** ☐ Findings ☐ No Findings
3. **Examine the oral cavity for injury and foreign materials (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**

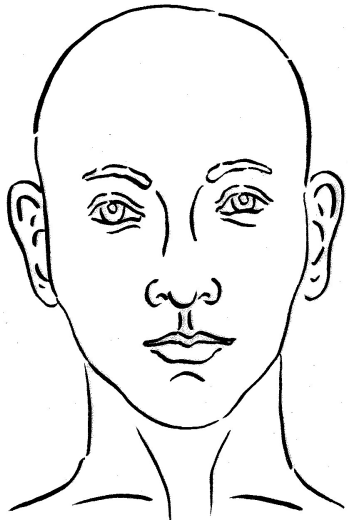


**Diagram D**

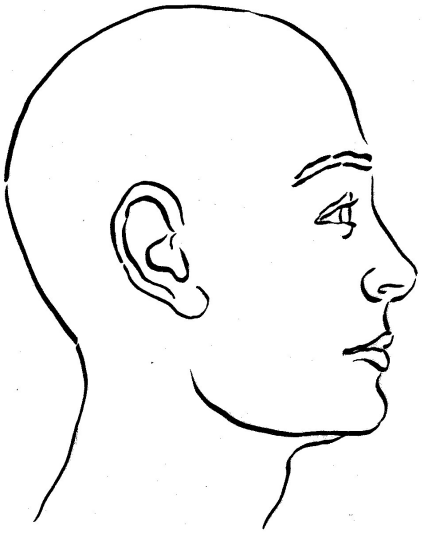
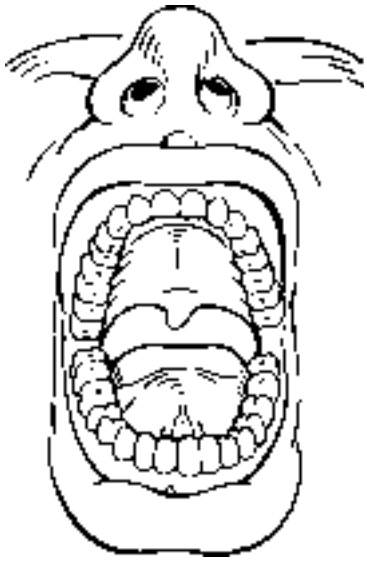


**Diagram E**

**Diagram F**



### LEGEND: Types of Findings

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

| Locator # | Type | Description | Locator # | Type | Description |
|---|---|---|---|---|---|
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**RECORD ALL SPECIMENS COLLECTED ON PAGE 8**

## 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. Check the box(es) if there are assault related findings:**
   ☐ No Findings

   ☐ Inner thighs ☐ Periurethral tissue/urethral meatus
   ☐ Perineum ☐ Perihymenal tissue (vestibule)
   ☐ Labia majora ☐ Hymen
   ☐ Labia minora ☐ Fossa navicularis
   ☐ Clitoris/surrounding area ☐ Posterior fourchette

2. **Collect dried and moist secretions, stains, and foreign materials. Scan the area with a Wood's Lamp.** ☐ 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 ☐ 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:

**LEGEND: Types of Findings**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **AB** | Abrasion | **EC** | Ecchymosis (bruise) | **MS** | Moist Secretion | **SI** | Suction Injury |
| **BI** | Bite | **ER** | Erythema (redness) | **OF** | Other Foreign Materials (describe) | **SW** | Swelling |
| **BU** | Burn | **F/H** | Fiber/Hair | | | **TB** | ToluidineBlue⊕ |
| **CS** | Control Swab | **FB** | Foreign Body | **OI** | Other Injury (describe) | **TE** | Tenderness |
| **DE** | Debris | **IN** | Induration | **PE** | Petechiae | **V/S** | Vegetation/Soil |
| **DF** | Deformity | **IW** | Incised Wound | **PS** | Potential Saliva | **WL** | Wood's Lamp⊕ |
| **DS** | Dry Secretion | **LA** | Laceration | **SHX** | Sample Per History | | |

| Locator # | Type | Description |
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**Patient Identification**

**Diagram G**

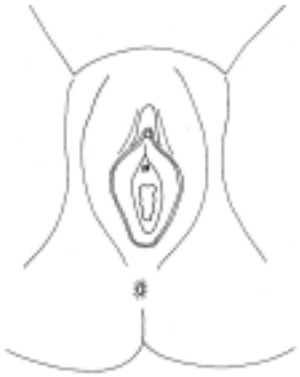


**Diagram H**

**Diagram I**

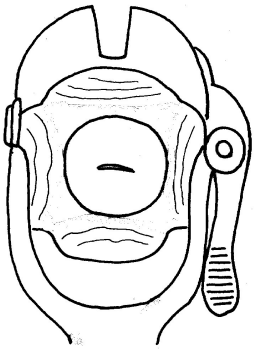
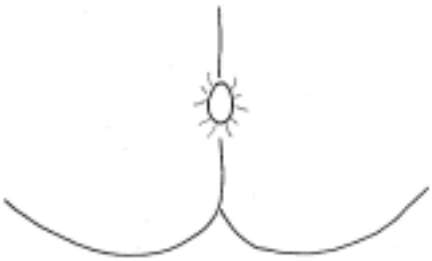


**Diagram J**



**RECORD ALL SPECIMENS COLLECTED ON PAGE 8**

## K. GENITAL EXAMINATION – MALES

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

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 a Wood's Lamp.** ☐ 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:

**LEGEND: Types of Findings**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **AB** | Abrasion | **EC** | Ecchymosis (bruise) | **MS** | Moist Secretion | **SI** | Suction Injury |
| **BI** | Bite | **ER** | Erythema (redness) | **OF** | Other Foreign Materials (describe) | **SW** | Swelling |
| **BU** | Burn | **F/H** | Fiber/Hair | | | **TB** | ToluidineBlue⊕ |
| **CS** | Control Swab | **FB** | Foreign Body | **OI** | Other Injury (describe) | **TE** | Tenderness |
| **DE** | Debris | **IN** | Induration | **PE** | Petechiae | **V/S** | Vegetation/Soil |
| **DF** | Deformity | **IW** | Incised Wound | **PS** | Potential Saliva | **WL** | Wood's Lamp⊕ |
| **DS** | Dry Secretion | **LA** | Laceration | **SHX** | Sample Per History | | |

| Locator # | Type | Description |
|---|---|---|
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**Patient Identification**

**Diagram K**

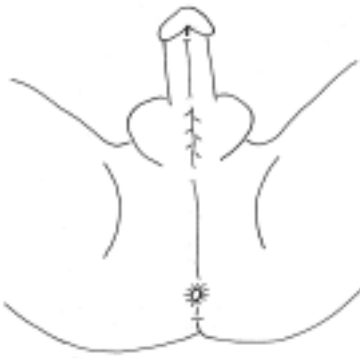


**Diagram L**

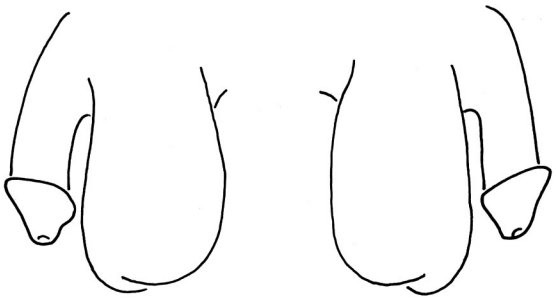


**Diagram M**

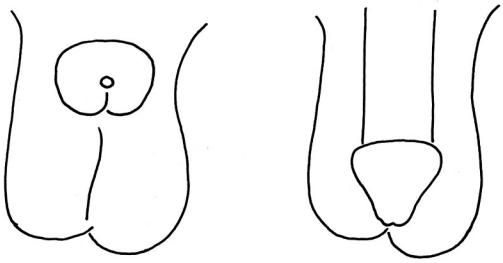
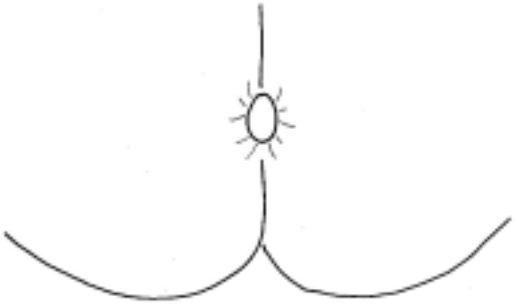


**Diagram N**



**RECORD ALL SPECIMENS COLLECTED ON PAGE 8**

## L. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

| 1. Clothing placed in evidence kit | Other clothing placed in bags |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

**2. Foreign materials collected**

| | No | Yes | Collected by: |
|---|---|---|---|
| Swabs/suspected blood | ☐ | ☐ | |
| Dried secretions | ☐ | ☐ | |
| Fiber/loose hairs | ☐ | ☐ | |
| Vegetation | ☐ | ☐ | |
| Soil/debris | ☐ | ☐ | |
| Swabs/suspected semen | ☐ | ☐ | |
| Swabs/suspected saliva | ☐ | ☐ | |
| Swabs/Wood's Lamp⊕ area(s) | ☐ | ☐ | |
| Control swabs | ☐ | ☐ | |
| Fingernail scrapings/cuttings | ☐ | ☐ | |
| Matted hair cuttings | ☐ | ☐ | |
| Pubic hair combings/brushings | ☐ | ☐ | |
| Intravaginal foreign body | ☐ | ☐ | |
| If yes, describe: | | | |
| Other types | ☐ | ☐ | |
| If yes, describe: | | | |

**3. Oral/genital/anal/rectal samples**

| | # Swabs | # Slides | Time collected | Collected by: |
|---|---|---|---|---|
| Oral | | | | |
| Vaginal | | | | |
| Cervical | | | | |
| Anal | | | | |
| Rectal | | | | |
| Penile | | | | |
| Scrotal | | | | |

Aspirate/washings (optional) ☐ No ☐ Yes

**4. Vaginal wet mount slide**

| | No | Yes | Time | Examiner: |
|---|---|---|---|---|
| Slide prepared | | | | |
| Motile sperm observed | | | | |
| Non-motile sperm observed | | | | |

## M. TOXICOLOGY SAMPLES

| | No | Yes | Time | Collected by: |
|---|---|---|---|---|
| Blood alcohol/toxicology (gray top tube) | | | | |
| Urine toxicology | | | | |

## N. REFERENCE SAMPLES

| | No | Yes | Collected by: |
|---|---|---|---|
| Blood (lavender top tube) | | | |
| Blood (yellow top tube) | | | |
| Blood Card (optional) | | | |
| Buccal swabs (optional) | | | |
| Saliva swabs | | | |
| Head hair | | | |
| Pubic hair | | | |

## O. PHOTO DOCUMENTATION METHODS

| | No | Yes | Colposcope/ 35mm | Macrolens/ 35mm | Colposcope/ Videocamera | Other Optics |
|---|---|---|---|---|---|---|
| Body | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Genitals | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Photographed by:

**Patient Identification**

## P. RECORD EXAM METHODS

| | No | Yes | | No | Yes |
|---|---|---|---|---|---|
| Direct visualization only | ☐ | ☐ | Toluidine Blue Dye | ☐ | ☐ |
| Colposcopy | ☐ | ☐ | Anoscopic exam | ☐ | ☐ |
| Other magnifier | ☐ | ☐ | Anal speculum exam | ☐ | ☐ |
| Other | ☐ | ☐ | | | |

If yes, describe:

## Q. RECORD EXAM FINDINGS

☐ **Physical Findings** ☐ **No Physical Findings**

## R. RECORD ASSESSMENT OF FINDINGS

☐ Exam consistent with history
☐ Exam inconsistent with history

## S. SUMMARIZE FINDINGS

## T. PRINT NAMES OF PERSONNEL INVOLVED

| | |
|---|---|
| History taken by: | Telephone: |
| Exam performed by: | |
| Specimens labeled and sealed by: | |
| Assisted by: ☐ N/A | |
| Signature of examiner | License No. |

| U. EVIDENCE DISTRIBUTION | GIVEN TO: |
|---|---|
| Clothing (item(s) not placed in evidence kit) | |
| Evidence Kit | |
| Reference blood samples | |
| Toxicology samples | |

## V. SIGNATURE OF OFFICER RECEIVING EVIDENCE

Signature:

Print name and ID #:

Agency:

Date: Phone: