

## Medical History and Examination Form

### 1. General Information

Sex	Age
Date/time of examination:	Interviewed in the presence of:
(dd/mm/yy) (00:00 hrs)	(not presence of translator, parent, other)

### 2. The Incident

Date of Incident:	(dd/mm/yy)	Time of Incident:	(00:00 hrs)	
Description of incident (survivor's description)				
Physical Violence	Yes	No	Type and location on body	
Type (beating, biting, pulling hair, etc.)				
Use of restraints				
Use of weapon(s)				
Drugs/alcohol included				
Penetration	Yes	No	Not Sure	Describe: oral, vaginal, anal
Penis				
Finger				
Other (describe object)				
	Yes	No	Not Sure	Location: oral, vaginal, anal, other
Ejaculation				
Condom Used				

### 3. Current Signs and Symptoms

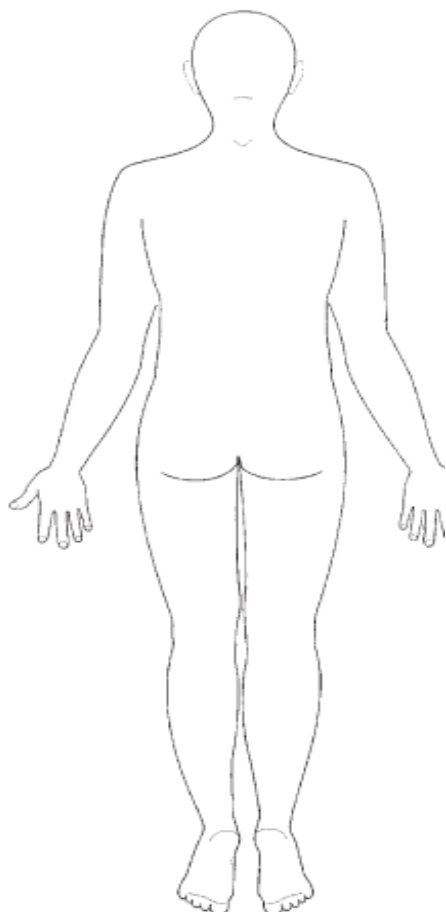
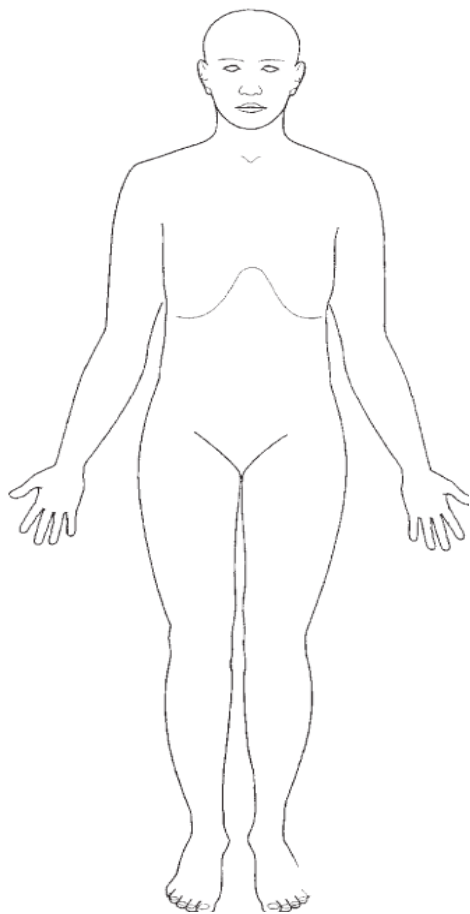
Note pain, bleeding, discharge from vagina or rectum, any other signs or symptoms

4. Medical History				
Menstrual/obstetric history			After the incident, did the survivor (circle all that apply)	
Current contraceptive use? Yes No	Method		Vomit?  Rinse Mouth? Urinate? Change clothes? Defecate? Wash or bath?	
Last menstrual period (dd/mm/yy)	Menstruation at time of event Yes No			
Evidence of pregnancy Yes No	Number of weeks pregnant weeks			
End of last pregnancy (delivery, stillbirth, pregnancy loss)	(dd/mm/yy)			
Existing health problems				
(Include history of female genital mutilation, type)				
Allergies:				
Current medication:				
Vaccination Status	Vaccinated	Not Vaccinated	Unknown	Comments
Tetanus				
Hepatitis B				
HIV/AIDS status	Unknown	Known	Last Tested	Comments
5. Medical Examination				
General Appearance (clothing, hair, obvious physical or mental disability)				
Mental State (calm, crying, anxious, cooperative, depressed, other)				
Weight:	Height:		Pubertal Stage:	
Pulse Rate:	Blood Pressure:		Respiratory Rate:	Temperature:

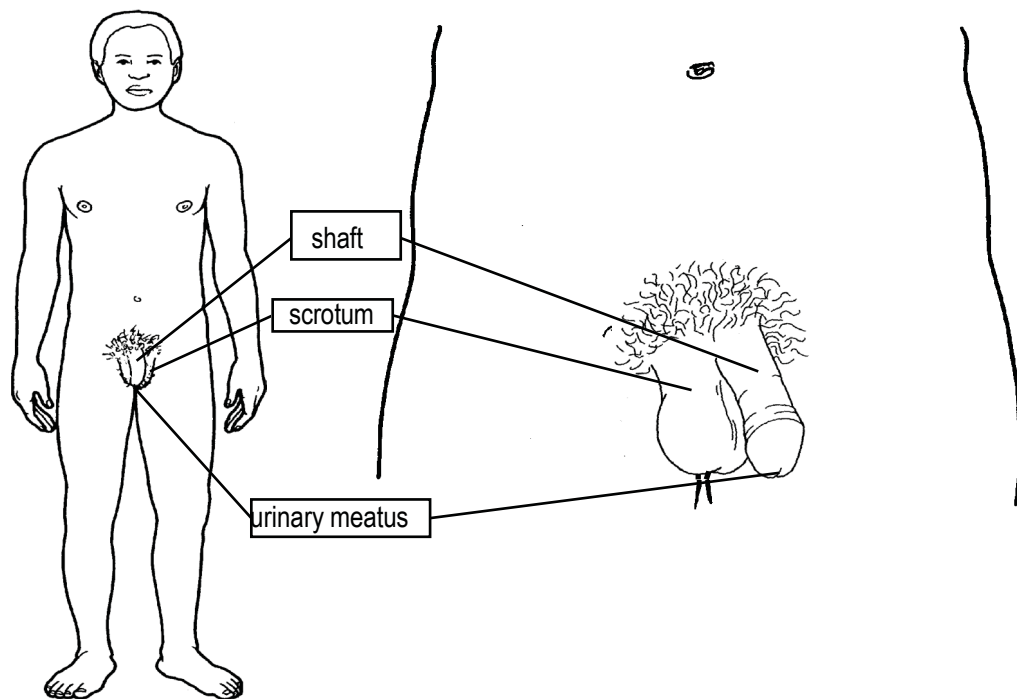
Physical Findings: Describe systematically and draw on the attached body pictograms the exact location of all wounds, bruises, petechiae, marks, etc. Document type, size, color, form and other particulars. Do not interpret the findings. Note old bruises, scars or other signs of injury.		
Head and face		Mouth and Nose
Eyes and Ears		Neck
Chest		Back
Abdomen		Buttoks
Arms and hands		Legs and feet
Genital Exam		
Vulva/scrotum	Introitus and hymen	Anus
Vagina/Penis	Cervix	Bimanual/rectovaginal examination
Position of patient (supine, prone, knee-chest, lateral, if child - in adult's lap)		
For genital examination:		For anal examination:
7. Investigations Done		
Type and location	Examined/sent to laboratory	Result
8. Evidence Taken		
Type and location	Examined/sent to laboratory/stored	Result
History of consenting intercourse (only if samples have been taken for DNA analysis)		
Last consenting intercourse within a week prior to the assault		Date: (dd/mm/yy)

CONFIDENTIAL		CODE:	
9. Treatments Prescribed			
Treatment	Yes	No	Type and Comments
STI prevention/treatment			
Emergency contraception			
Wound treatment			
Tetanus prophylaxis			
Hepatitis B vaccination			
Post-exposure prophylaxis for HIV			
Other			
10. Counseling, Referrals, Follow-up			
General Psychological status			
Survivor plans to report to police OR has already made report    Yes    No Explain:			
Survivor has a safe place to go:	Yes	No	Has someone to accompany her/him:    Yes    No
Counseling provided:			
Referrals:			
Follow up required:			
		Date of next visit (dd/mm/yy):	
Name of health worker conducting examination/interview:			
Title:	Signature:		Date:
Follow-Up Notes:			
Name/Title	Signature:		Date:

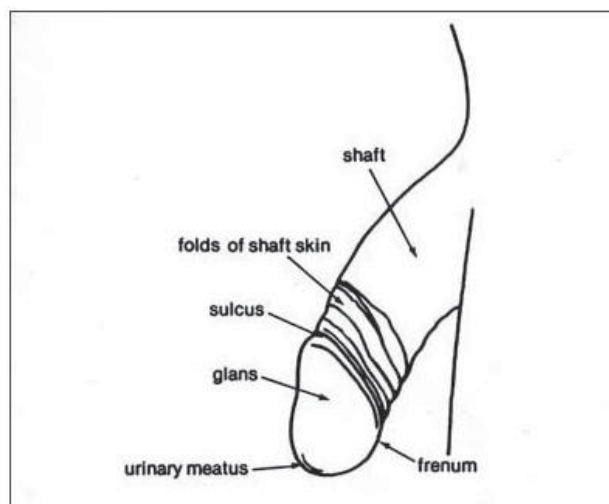
Pictograms



## Male Anatomy



### Circumcised Penis



## Uncircumcised Penis

