

**CONFIDENTIAL  
CONSENT FOR EXAMINATION**

This form should be read to the client or guardian in her/his first language. Clearly explain to the client what the procedure for the medical examination involves and allow her/him to choose any or none of the options listed. The survivor can change his/her mind at any time and a new form can be completed.

I, \_\_\_\_\_, give my permission for \_\_\_\_\_  
(medical provider's name and title) to perform the following (select one option for each, do not leave blank):

• A medical examination	YES	NO
• A pelvic examination	YES	NO
• A speculum exam (if medically necessary)	YES	NO
• Collection of evidence, such as body fluid samples, collection of clothing, hair combings, scrapings or cuttings of fingernails.	YES	NO
• Blood draw	YES	NO
• Provide evidence and medical information to the police and/or courts concerning my case; this information will be limited to the results of this examination and any relevant follow-up care provided.	YES	NO

I understand that I can refuse any aspect of the examination I do not wish to undergo.

Client / Guardian Signature:

Staff signature:

Date: