

Medical Report & Examination Form for Male Survivor

1. General Information

1.1 Survivor Registration No. : _____

1.2 Name of the hospital/office referred from (if any, with letter of reference No. and date) :

1.3 Name of the hospital / health facility : _____

1.4 Name and ID details of the accompanying police personnel : _____

Attested
photograph
of the survivor

2. Details about the survivor

2.1 Name (To be confidential) : _____

2.2 Age : _____ 2.3 Sex : Male Female Transgender 2.4 Education : _____

2.5 Address : _____

2.6 Current marital status : Unmarried Married Divorced/Separated Widowed

2.7 Religion/Ethnicity : _____

2.8 Guardian's name and relation (if < 18 years) : _____

2.9 Contact No of survivor : _____

2.10 Date and time of examination : _____

2.11 Male attendant's name and address : _____

2.12 Marks of identification : a) _____ b) _____

3. History of incident

3.1 Brief history of the incident, as stated by survivor or guardian (how, when, where and what had happened?) If more space is required, please attach an additional sheet

3.2 Medical history (Medical and psychological history including past medical history) : If more space is required, please attach an additional sheet.

3.3 Date of incident : _____ Time of incident : Morning Afternoon Evening/Night Unknown

3.4 Location of incident :

Survivor's home Perpetrator's home Educational institute Workplace
 Hotel or guest house Public area (Field, Road side, Forest, etc.) Others (Please specify) : _____

3.5 Type of violence :

Sexual violence Physical violence Psychological violence

3.6 Does the survivor has any previous history of GBV ? Was the incident reported ?

No Yes, please specify : _____

3.7 Description of clothing/belongings : _____

3.7.1 Clothing changed ? Yes No

3.7.2 Clothes washed ? Yes No

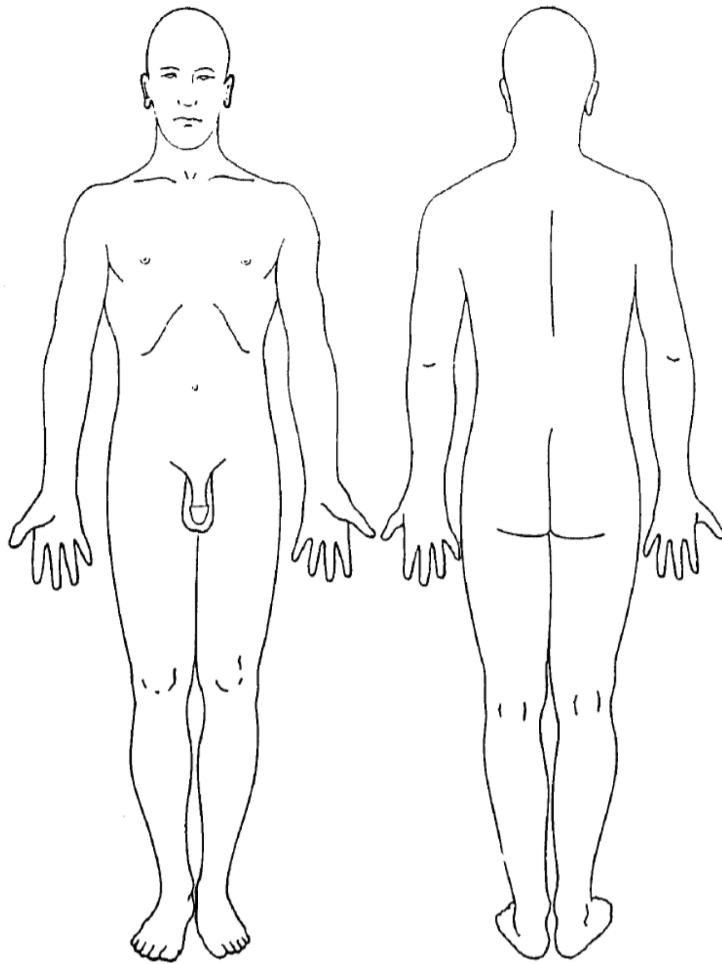
3.7.3 Findings on clothing Tears Scratches Stains Foreign materials

4. Information about the Perpetrator

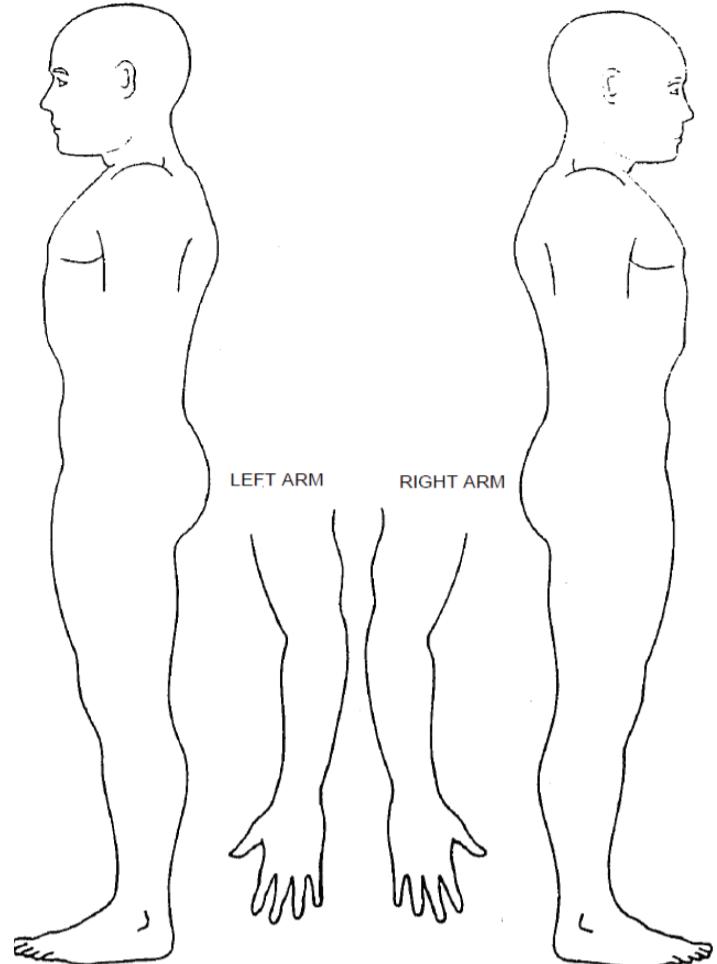
Number of alleged perpetrator(s) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More than 3 <input type="checkbox"/> Unknown	Alleged perpetrator(s) sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Age <input type="checkbox"/> 0-18 years <input type="checkbox"/> 18 years & older <input type="checkbox"/> Unknown
Relationship with alleged perpetrator : _____		

Examiner's Signature : _____ Date : _____

Whole body : Male - anterior and posterior views



Whole body : Male - lateral view



5. Physical Examination

5.1 General physique and vitals :

Height : _____ Weight : _____ Pulse : _____ B.P : _____

Temperature : _____ Respiratory rate : _____ Any disability : _____

5.2 Injuries on the bodies (Type, size, site, color, surrounding area, signs of treatment, bleeding, sign of healings, any imprints etc.) Please use the pictogram to depict the injuries as best as possible :

5.3 Bite marks : (enclose photos, taken with survivor's consent if possible) :

5.4 Conditions of pubic hair (Matted, stained, any foreign hairs) :

5.5 Oral cavity : The mouth should be inspected carefully, checking for bruising, abrasions and lacerations of buccal mucosa petechiae on the hard/soft palate may indicate penetration. Check for a torn frenulum or broken teeth, Collect an oral swab, if indicated. :

5.6 Genital injuries (Name, size, site, color, surrounding area, sign of treatment, bleeding, sign of healings, imprints, any content, stain and discharge etc.) Please use the figure provided to depict the injuries as best as possible: (If more space is needed, please attach additional pages).

(a) Perineum : _____

(b) Penis : _____

(c) Scrotum : _____

(d) Perianal area and anal orifice : _____

5.7 Specimen preserved for further analysis :

(a) Blood : Collected Not collected, please explain why not : _____

Purpose of collection : (Alcohol/drugs/HIV/VDRL/HBsAg/TPHA,/DNA Identification etc.) _____

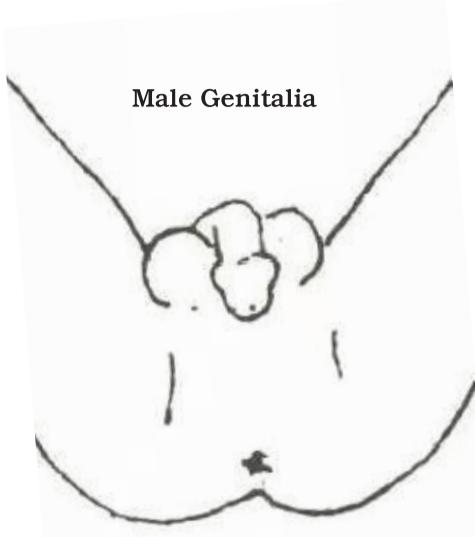
(b) Urine : Collected Not collected, please explain why not : _____

Purpose of collection (Intoxication/pregnancy) : _____

(c) Swab from stains : Collected Not collected, please explain why not : _____

Purpose of collection (identification of semen or any others) : _____

Examiner's Signature : _____ Date : _____



(e) Foreign materials : Collected Not collected, please explain why not : _____

Purpose of collection (identification of material as evidence) : _____

(f) Hair from Survivor : Collected Not collected, please explain why not : _____

Purpose of collection (DNA Analysis) : _____

(g) Nail scrapings : Collected Not collected, please explain why not : _____

Purpose of collection : _____

(h) Others : _____

5.8 Specimen sent to : _____

5.9 Specimen analyzed in the same hospital? Yes No, please specify : _____

5.10 Investigation and reports : Please specify : (Blood, Urine, X-ray, USG, DNA profiling and other required investigations) :

6. Treatment

6.1. Treatment of physical injuries or refer : _____

6.2. Prophylaxis and treatment of Sexually Transmitted Infections (STIs) : _____

6.3. Post Exposure Prophylaxis (PEP) for HIV : _____

6.4. Psychological care and support : _____

7. Referral (where and why ?) : _____

8. Follow up visits suggested on : (2 weeks, 1 month, 3 month and 6 months)

9. Opinion

Opinion of the expert : (While framing opinion, the examiner should consider his mental status, possible causation of injuries and their time of infliction, age estimation in case of minors or teenagers and general condition of the survivor. If there are signs of alleged sexual activities matching with history also should be verified while framing opinion. In case of complete negative findings in survivor, the examiner cannot declare that the alleged incident did not take place. Should not write... it seems to be or suggestive of....).

(a) Opinion about mental status of the survivor : _____

(b) Opinion about the injuries on body : _____

(c) Opinion about the condition of genital organs : _____

Name of the Examiner : _____ Qualification : _____

Signature : _____ BMDC Reg. No. : _____

Hospital/Health facility with seal _____ Date : _____

Note

- Report should be prepared by doctor/physician who conducts the examination.
- The report should be clear and understandable and original copy of the report should be given to the survivor, one copy for legal action & another copy for hospital record.
- Separate sheet of paper should be used, if the space allocated for description in the form is inadequate.