MISSISSIPPI FORENSICS LABORATORY

ADOLESCENT / ADULT
SEXUAL ASSAULT EXAMINATION FORM
ACUTE ≤ 120 HOURS

DISTRIBUTION

Initial to indicate copies are made and distributed

_____	Copy	Mississippi Forensics Laboratory (place in kit)
_____	Copy	Law Enforcement
_____	Original	Medical Facility
_____	Copy	MS Department of Child Protection Services (If Patient is a minor or Vulnerable Adult)
_____	Copy	(To request reimbursement from A.G.'s Office) Office of the Attorney General Division of Victim Compensation Post Office Box 220 Jackson, MS 39205-0220 (include UB 92 form and Assurance form)

For more information on completing this document, please contact:

Mississippi Association of Forensic Nurses
601-559-4341 • www.msafn.org
mississippiassociationforensicnurses@gmail.com

This form is available at the following website:
www.ago.state.ms.us

SEXUAL ASSAULT EXAMINATION FORM: ACUTE (≤ 120 HOURS) ADOLESCENT / ADULT FORENSIC EXAMINATION

Confidential Document

Patient Identification Label

A. GENERAL INFORMATION (print or type)

Name of Medical Facility:

1. Name of patient

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

3. Age	DOB	Bio Sex M F	Ethnicity/Race	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	Badge #	Telephone
2. Responding Officer	Agency	Badge #	Telephone
Z			

3. If required by law: CPS/APS Report made

Name	Agency	Report #	Telephone
Law Enforcement Incident Offense Report #			

C. PATIENT INFORMATION

- I understand that hospitals and health care professionals are required by Mississippi Code Annotated (M.C.A.) 45-9-31 to report to law enforcement authorities cases in which medical care is sought when injuries have been inflicted by a gunshot or knife. _____ (Initial)
- I have been informed that victims of crime are eligible to submit crime victim compensation claims to the Division of Victim Compensation for out of pocket medical expenses, psychological counseling and loss of wages. _____ (Initial)
- Patients who are victim of sexual assault shall not be billed. _____ (Initial)

D. PATIENT CONSENT

Note: Parental consent is not required for a suspected child sexual abuse examination if the child is in protective custody. See M.C.A. 43-21-103 et seq.

- Any female, regardless of age or marital status, is empowered to give consent for herself in connection with pregnancy or childbirth. M.C.A. 41-41-3
- Any physician, duly licensed to practice medicine in the State of Mississippi, or any nurse practitioner, who, in the exercise of due care, renders medical care to a minor for treatment of a venereal / sexually transmitted disease is under no obligation to obtain consent of a parent or guardian, as applicable, or to inform such parent or guardian of such treatment. M.C.A. 41-41-13

- 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 and the Division of Victim Compensation. 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 with your consent. _____ (Initial)
- I hereby consent to a medical forensic 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)
- I hereby authorize, any doctor's office, hospital or medical clinic in this state to furnish to the Division of Victim Compensation this form in order to receive payment for services rendered. _____ (Initial)

Signature _____ Date _____ ☐ Patient ☐ Parent ☐ Guardian

Print _____

E. PATIENT HISTORY

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

2. Pertinent medical history:

- Last menstrual period _____
- Any 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 history(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 consensual genital/oral contact within past 5 days?	☐	☐	
If yes, DATE/TIME			
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 24 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. Collect separate Toxicology Kit.

4. Post-assault hygiene/activity: ☐ **Not applicable if assault is over 120 hours**

	No	Yes
Urinated	☐	☐
Defecated	☐	☐
Genital or body wipes	☐	☐
If yes, describe: _____		
Douched	☐	☐
If yes, with what _____		
Removed/inserted anything vaginally	☐	☐
Oral gargle/rinse	☐	☐
Bath/shower/wash	☐	☐
Brushed teeth/floss	☐	☐
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. Collect separate Toxicology Kit.

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 Label

F. ASSAULT HISTORY

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

2. Pertinent physical surroundings of assault(s): Where it occurred

3. Alleged perpetrator(s) name(s)	Age	Gender	Ethnicity Race	Relationship to patient Known	Relationship to patient 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 (See Appendix A)	☐	☐	
Burns (thermal and/or chemical)	☐	☐	
Threat(s) of harm	☐	☐	
Target(s) of threat(s)	☐	☐	
Other methods	☐	☐	
Position used by assailant			

Involuntary ingestion of alcohol/drugs ☐ No ☐ Yes ☐ Unsure

If yes, ☐ Alcohol ☐ Drugs

If yes, ☐ Forced ☐ Coerced ☐ Suspected

If yes, collect separate Toxicology Kit.

G. ACTS DESCRIBED BY PATIENT

- If more than one assailant, identify by number.

Patient Identification Label

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. Mouth-genital contact:

	No	Yes	Attempted	Unsure
Of patient by perpetrator	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐

Describe: _____

4. Mouth-anal contact:

	No	Yes	Attempted	Unsure
Of patient by perpetrator	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐

Describe: _____

5. Mouth to body contact:

- ☐ Licking
- ☐ Kissing
- ☐ Biting
- ☐ Suction injury

Describe: _____

6. Did ejaculation occur? ☐ No ☐ Yes ☐ Unsure

If yes, note location(s):

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

Describe any other details noted about assailant: _____

7. Condom used? ☐ No ☐ Yes ☐ Unsure

Location of Condom? _____ ☐

Describe Type/Brand, if known: _____

8. Lubricant used? ☐ No ☐ Yes ☐ Unsure

If yes, what kind? _____

H. GENERAL PHYSICAL EXAMINATION See Appendix A

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

1. Exam Started		Exam Completed	
Date	Time	Date	Time

2. Describe general physical appearance	3. Describe general demeanor

Patient Identification Label

4. Describe condition of clothing upon arrival.

5. Collect outer and underclothing if indicated. ☐ Not indicated Why clothing not collected _____

6. Conduct a physical examination. ☐ Findings ☐ No findings ☐ Patient declined ☐ N/A

7. Collect dried and moist secretions, stains, and foreign materials from the body.

☐ Findings ☐ No Findings

8. Collect fingernail scrapings

Diagram A

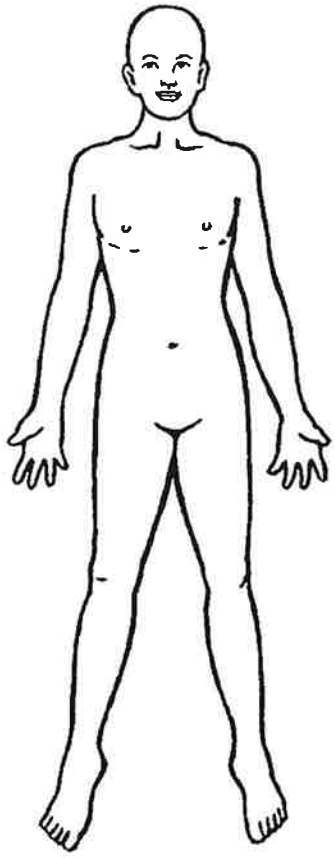
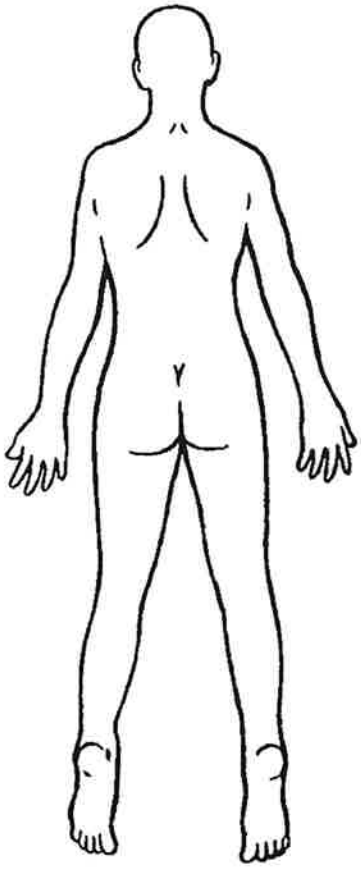


Diagram B



LEGEND: Types of Findings

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

Diagram Letter	Type	Description	Photo	Diagram Letter	Type	Description	Photo
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No

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 ☐ Patient declined ☐ N/A
2. Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, scalp, and neck.
   ☐ Findings ☐ No Findings ☐ Patient declined ☐ N/A
3. Examine the oral cavity for injury and foreign materials (if indicated by assault history). Collect foreign materials.
   Exam done: ☐ No ☐ Yes
   ☐ Findings ☐ No Findings ☐ Patient declined ☐ N/A
4. Collect 2 swabs from the oral cavity up to 24 hours post assault.
   ☐ Collected ☐ Not Collected
   ☐ Findings ☐ No Findings ☐ Patient declined ☐ N/A
5. Place all samples in paper.

Patient Identification Label

Diagram C

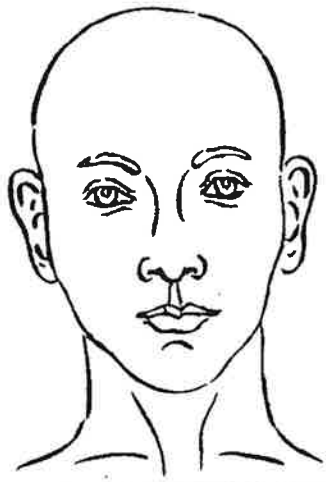


Diagram D

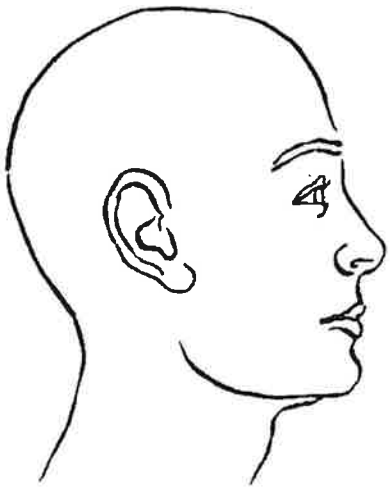


Diagram E

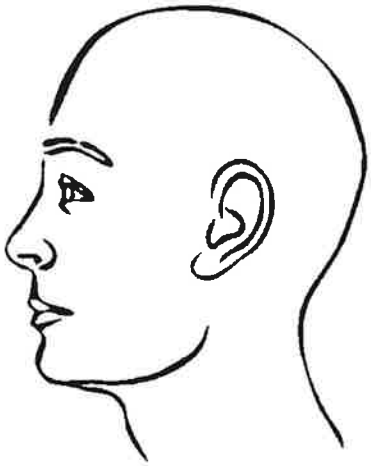
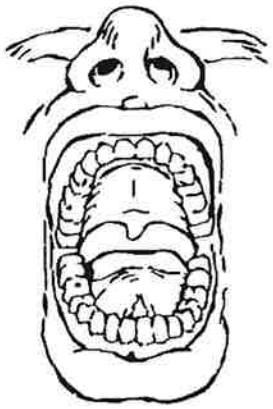


Diagram F



LEGEND: Types of Findings

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

Diagram Letter	Type	Description	Photo	Diagram Letter	Type	Description	Photo
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No
			☐ Yes ☐ No				☐ Yes ☐ No

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 ☐ Patient declined ☐ N/A

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

2. **Collect dried and moist secretions, stains, and foreign materials. Scan the area with an ALS** ☐ No ☐ Yes ☐ Findings ☐ No Findings
3. **Collect pubic hair combings.** ☐ N/A ☐ Shaven
4. **Collect 2 external genitalia swabs**
5. **Examine the vagina and cervix. Check the box(es) if there are any assault related findings, indicate on diagram and describe below.**
   ☐ No Findings ☐ Vagina ☐ Cervix
6. **Collect 2 swabs from the vaginal pool.**
   Speculum used? ☐ No ☐ Yes
7. **Cervical swabs collected?** ☐ No ☐ Yes
8. **Examine the buttocks, anus, and rectum.**
   Exam done: ☐ No ☐ Yes ☐ Patient declined ☐ N/A
   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 perianal/perineum swabs.**
11. **Collect 2 rectal swabs.**
12. **Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding or if penetration is reported.**
    Rectal bleeding ☐ No ☐ Yes
    If yes, describe: _____
    Exam position used:
    ☐ Supine Lithotomy ☐ Other Describe: _____

LEGEND: Types of Findings

AB	Abrasion	EC	Ecchymosis/contusion	OF	Other Foreign Materials (describe)	SI	Suction Injury
ALS	Alternate Light Source	ER	Erythema (redness)			SW	Swelling
BI	Bite	F/H	Fiber/Hair			TB	Toluidine Blue
BU	Burn	FB	Foreign Body	OI	Other Injury (describe)	TE	Tenderness
CS	Control Swab	IN	Induration			V/S	Vegetation/Scar
DE	Debris	IW	Incised Wound	PE	Petechiae		
DF	Deformity	LA	Laceration	PS	Potential Saliva		
DS	Dry Secretion	MS	Moist Secretion	SHX	Sample Per History		

Diagram Letter	Type	Description	Photo
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Patient Identification Label

Diagram G

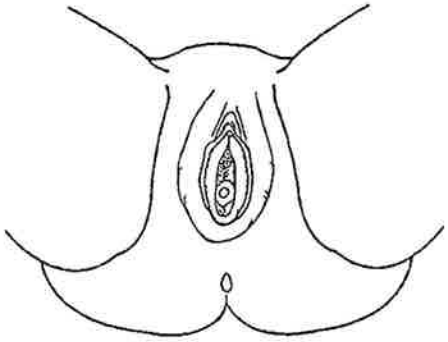


Diagram H

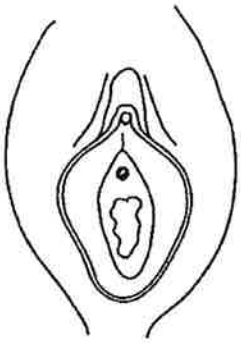
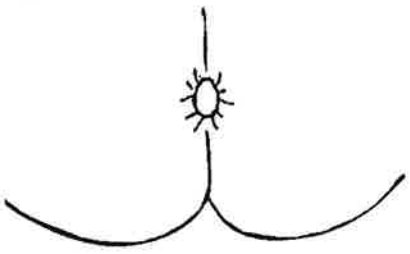


Diagram I

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 ☐ Patient declined ☐ N/A

   ☐ Inner thighs
   ☐ Perineum
   ☐ Foreskin
   ☐ Glans penis
   ☐ Penile shaft
   ☐ Urethral meatus
   ☐ Scrotum
   ☐ Testes

2. **Circumcised:** ☐ No ☐ Yes
3. **Collect dried and moist secretions, stains, and foreign materials.**
   Scan the area with an ALS ☐ Findings ☐ No Findings
4. **Collect pubic hair combings.**
5. **Collect 2 penile/scrotal swabs, if indicated by assault history.** ☐ N/A

6. **Examine the buttocks, anus, and rectum.**
   Exam done: ☐ Yes ☐ Not applicable ☐ Patient declined
   Check the box(es) if there are assault related findings:
   ☐ No Findings

   ☐ Buttocks
   ☐ Perianal skin
   ☐ Anal verge/folds/rugae
   ☐ Rectum

7. **Collect dried and moist secretions, stains, and foreign materials.**
   ☐ Findings ☐ No Findings
8. **Collect 2 perianal/perineum swabs.**
9. **Collect 2 rectal swabs.**
10. **Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding or if penetration is reported.**
    Rectal bleeding: ☐ No ☐ Yes
    If yes, describe: _____
11. **Exam position used:**
    ☐ Supine ☐ Other Describe: _____

Patient Identification Label

Diagram K

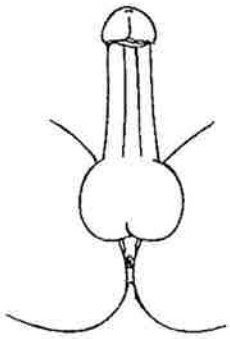


Diagram L

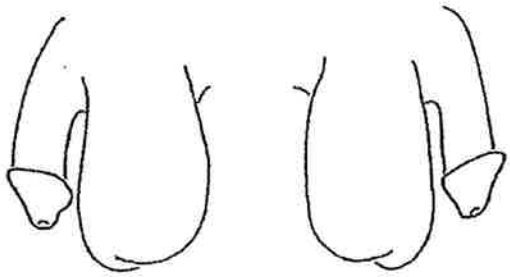


Diagram M

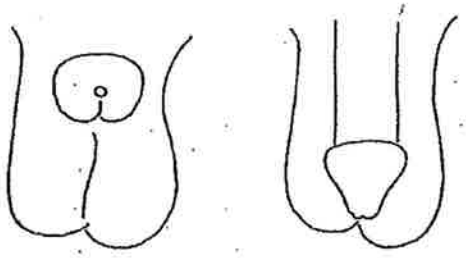
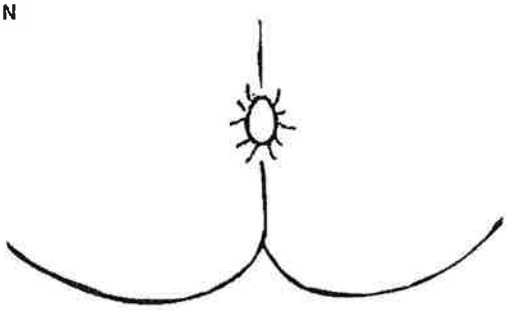


Diagram N



LEGEND: Types of Findings

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

Diagram Letter	Type	Description	Photo
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

RECORD ALL SPECIMENS COLLECTED ON PAGE 8

L. SAMPLES COLLECTED AND SUBMITTED TO FORENSICS LAB

ENVELOPES/BAGS	No	Yes	Collected by:
1. Foreign Material & Debris	☐	☐	
2. Contact/Outer Clothing	☐	☐	
3. Contact/Outer Clothing	☐	☐	
4. Undergarments	☐	☐	
5. Undergarments	☐	☐	
6. Right Hand Fingernail Scraping	☐	☐	
7. Left Hand Fingernail Scraping	☐	☐	
8. Dried Secretions	☐	☐	
9. Mouth to Skin Contact Evidence	☐	☐	
10. Pubic Hair Combings	☐	☐	
11. Oral Swabs	☐	☐	
12. External Genitalia Swabs	☐	☐	
13. Penile/Scrotal Swabs	☐	☐	
14. Vaginal Swabs	☐	☐	
15. Perianal/Perineum Swab	☐	☐	
16. Rectal Swabs	☐	☐	
17. Known Blood Stain Card	☐	☐	
18. Other Evidence	☐	☐	
19. Other Evidence	☐	☐	

NOTE: Please document any necessary deviations/additions to the kit.

M. TOXICOLOGY SAMPLES

Collect separate Toxicology Kit.

N. PHOTO DOCUMENTATION METHODS

	No	Yes
1. Equipment Magnification	☐	☐
(magnification) _____		
2. Photography	☐	☐
(list type) _____		

3. Photograph Log
Number of Photographs: _____
List:

#1 _____
#2 _____
#3 _____
#4 _____
#5 _____
#6 _____
#7 _____
#8 _____
#9 _____
#10 _____
#11 _____
#12 _____
#13 _____
#14 _____
#15 _____

Patient Identification Label

O. PRINT NAMES OF PERSONNEL INVOLVED

History taken by:	Telephone:
Exam performed by:	
Other people present at time of examination	
Assisted by:	
Signature of examiner	Title

P. EVIDENCE DISTRIBUTION	GIVEN TO:
Tox Kit Collected ☐ Yes ☐ No	
Other Items	
Evidence Kit and #_____ bags	

Q. MEDICATIONS OFFERED

	Yes	No
Infection Prevention	☐	☐
Pregnancy Prevention	☐	☐

R. Describe exam findings to include normal exam findings.

ADDITIONAL NOTES

Patient Identification Label

ADDITIONAL NOTES

Patient Identification

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