PEDIATRIC (PRE-PUBERTAL)
FORENSIC MEDICAL EXAMINATION FORM
ACUTE ≤ 72 HOURS

Initial to indicate copies are made and distributed.

_____ COPY	Crime Lab (place in kit)
_____ COPY	Law Enforcement (place in envelope on back of kit)
_____ ORIGINAL	Hospital or CAC

CONFIDENTIAL DOCUMENT

A. GENERAL INFORMATION (print)

1. Name of Patient:

2.

Address:	City:	State:	Zip:	Telephone:

3.

Age:	DOB:	Gender: ☐ M ☐ F	Ethnicity:	Arrival Date:	Discharge Date:	Discharge Time:

B. AGENCY INFORMATION

1.

Notification of Advocacy Center	☐ Yes	☐ No	☐ NA	If no, explain:

2.

Child Protective Services Notified	☐ Yes	☐ No	☐ NA

Representative Name (if applicable):

3.

Interpreter Used	☐ Yes	☐ No	☐ NA

Representative Name:

C. JURSDICTION

1. Responding Officer (if applicable): _____ Agency: _____

2. Responding Detective (if applicable): _____ Agency: _____

PLACE PATIENT IDENTIFICATION STICKER HERE

_____
FORENSIC EXAMINER'S SIGNATURE

CONSENT FOR FORENSIC EXAMINATION, CONSENT FOR RELEASE OF EVIDENCE, PHOTO DOCUMENTATION AND RECORDS WAIVER OF MEDICAL PRIVILEGE

D. PATIENT CONSENT

☐ YES ☐ NO I have been informed that my medical provider may seek reimbursement from the Nebraska Crime Victims Compensation Fund for any medical expenses that would otherwise be paid out-of-pocket by me only with my permission.

☐ YES ☐ NO I have been informed that a Forensic Nurse Examiner, also known as a Sexual Assault Nurse Examiner (SANE) nurse or a physician will conduct a forensic examination for the evaluation and documentation of injuries and collection of evidence. I understand that I may withdraw consent at any time for any portion of the examination.

☐ YES ☐ NO I understand that this consent and waiver authorizes a complete forensic examination to be performed, which may include an evidence collection of Sexual Assault Evidence Collection kit, blood and urine samples, HIV testing, HIV and/or sexually transmitted disease prophylaxis.

☐ YES ☐ NO I understand that collection of evidence may include forensic photography of injuries and these photographs may include the genital area.

☐ YES ☐ NO I understand that this consent and waiver also authorizes the release of medical and forensic records, evidence and photographs to the appropriate law enforcement, child protection and prosecuting agencies.

I would like to be contacted for follow-up upon the completion of this exam by the checked box(es) below:

☐ Phone Call Phone Number: _____
☐ Text Message Cell Phone Number: _____
☐ E-mail E-mail Address: _____

_____ _____
SIGNATURE OF PATIENT/PARENT/GUARDIAN Date Time

_____ _____
RELATIONSHIP: SELF/PARENT/GUARDIAN FORENSIC NURSE/PHYSICIAN/NP/PA

PLACE PATIENT IDENTIFICATION STICKER HERE

_____
FORENSIC EXAMINER'S SIGNATURE

E. PATIENT HISTORY

1. Name of Person Providing History:

2. Pertinent Medical History:

3. Any history of developmental delays or related concerns? ☐ Yes ☐ No
   If yes, describe:

4. Is child fully potty-trained? ☐ Yes ☐ No
   If no, please describe current training status:

5. Child is: ☐ Pre-menarchal ☐ Post-menarchal | Age of menarche (if applicable):

6. Last menstrual period (if applicable):

7. Any history of anal or genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings? ☐ Yes ☐ No
   If yes, describe:

8. Any other pertinent ano-genital condition(s) that may affect the interpretation of current physical findings (i.e. UTIs, constipation, ano-genital rashes, etc.)? ☐ Yes ☐ No
   If yes, describe:

9. Any known current/recent physical injuries present upon child which are NOT related to the current assault/abuse allegations? ☐ Yes ☐ No
   If yes, describe:

10. Any known history of prior sexual abuse? ☐ Yes ☐ No
    If yes, describe:

11. Any history of child engaging in problematic sexual behaviors? ☐ Yes ☐ No
    If yes, describe:

12. Any history of bleeding or clotting disorders? ☐ Yes ☐ No
    If yes, describe:

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13. **Post-Assault Hygiene/Activity:**

a.	Urinated	☐ Yes	☐ No	☐ NA	
b.	Defecated	☐ Yes	☐ No	☐ NA	
c.	Genital or body wipes	☐ Yes	☐ No	☐ NA	If yes, with what:
d.	Vomited	☐ Yes	☐ No	☐ NA	
e.	Oral rinse	☐ Yes	☐ No	☐ NA	
f.	Bath/shower/wash	☐ Yes	☐ No	☐ NA	
g.	Brushed teeth/floss	☐ Yes	☐ No	☐ NA	
h.	Ate or drank	☐ Yes	☐ No	☐ NA	
i.	Changed clothing	☐ Yes	☐ No	☐ NA	If yes, describe:
j.	Changed underwear/diaper	☐ Yes	☐ No	☐ NA	If yes, describe:

14. **Assault Related History:**

a.	Lapse of consciousness	☐ Yes	☐ No	If yes, describe: If yes, collection of toxicology samples is recommended: ☐ Blood ☐ Urine
b.	Non-genital injury, pain and/or bleeding	☐ Yes	☐ No	If yes, describe:
c.	Anal or genital injury, pain and/or bleeding	☐ Yes	☐ No	If yes, describe:
d.	Additional Information:			

F. ABUSE/ASSAULT HISTORY

1. **Assailant Information**

a.	Assailant Name:		
b.	Relationship to Patient:		
c.	Assailant Age:	Assailant Gender: ☐ M ☐ F	Assailant Ethnicity:
d.	Reported history of STI:	Reported use of drugs involving needles:	
e.	☐ Isolated incident of abuse/assault ☐ Acute incident of abuse/assault with history of chronic abuse by same assailant ☐ NA		

2.

Date of Assault(s):	Time of Assault(s) If known:

3. Pertinent Physical Surroundings of Assault(s):

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NOTE: If more than one assailant, identify by number.

4.

Contact of patient's vagina by:					
Penis	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Finger	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Mouth/Tongue	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Vagina	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Other	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
If yes to any, describe:					

5.

Contact of patient's penis by:					
Penis	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Finger	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Mouth/Tongue	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Vagina	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Other	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
If yes to any, describe:					

6.

Contact of patient's anus by:					
Penis	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Finger	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Mouth/Tongue	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Vagina	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Other	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
If yes to any, describe:					

7.

Contact of patient's mouth:					
Penis	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Finger	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Mouth/Tongue	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Vagina	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
Other	☐ Yes	☐ No	☐ Unsure	☐ Penetration Reported	☐ NA
If yes to any, describe:					

8.

Contraceptive or lubricant products used:			
Contraceptive or lubricant products used:	☐ Yes	☐ No	
If yes, describe (condom, lubrication, lotion, saliva, etc.)			

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9.	Did ejaculation occur?	☐ Yes	☐ No	☐ Unsure	☐ NA	If yes to any, describe:
	If yes, note location(s) below:					
	Mouth	☐ Yes	☐ No	☐ Unsure	☐ NA	
	Vagina	☐ Yes	☐ No	☐ Unsure	☐ NA	
	Anus/rectum	☐ Yes	☐ No	☐ Unsure	☐ NA	
	Body surface	☐ Yes	☐ No	☐ Unsure	☐ NA	
	On bedding	☐ Yes	☐ No	☐ Unsure	☐ NA	
	On clothing	☐ Yes	☐ No	☐ Unsure	☐ NA	
	Other	☐ Yes	☐ No	☐ Unsure	☐ NA	

10.	Non-genital act(s):				
	Licking	☐ Yes	☐ No	☐ Unsure	Describe where on body and by whom:
	Kissing	☐ Yes	☐ No	☐ Unsure	
	Suction injury	☐ Yes	☐ No	☐ Unsure	
	Biting	☐ Yes	☐ No	☐ Unsure	

11.	Other act(s):				
		☐ Yes	☐ No	☐ Unsure	If yes to any, describe:
		☐ Yes	☐ No	☐ Unsure	

12.	Describe any other details noted about assailant:

G. TESTS PERFORMED

1.	Gonorrhea	☐ Yes	☐ No	☐ NA	
2.	Chlamydia	☐ Yes	☐ No	☐ NA	
3.	Trichomoniasis	☐ Yes	☐ No	☐ NA	
4.	HIV	☐ Yes	☐ No	☐ NA	
5.	Hepatitis Panel	☐ Yes	☐ No	☐ NA	
6.	Syphillis	☐ Yes	☐ No	☐ NA	
7.	Pregnancy	☐ Yes	☐ No	☐ NA	
8.	Radiology	☐ Yes	☐ No	☐ NA	Description:
9.	Other	☐ Yes	☐ No	☐ NA	Description:

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H. PATIENT HISTORY OF ASSAULT

☐ Patient Declined ☐ Non-Verbal Child ☐ Other Communication Barrier

Child's description of assault:

Other pertinent witnessed or relayed description of assault and source of information:

Additional pages included: ☐ Yes ☐ No

PLACE PATIENT IDENTIFICATION STICKER HERE

FORENSIC EXAMINER'S SIGNATURE

I. FORENSIC PHOTOGRAPHY/EXAMINATION

Legend: Types of Findings					
A-Abrasions	DF-Deformity	FB-Foreign Body	MS-Moist Secretion	PE-Petechiae	S-Swelling
BI-Bite	DS-Dry Secretion	IN-Induration	OF-Other Foreign	PS-Potential Saliva	TE-Tenderness
BU-Burn	B-Bruise	IW-Incised Wood	Materials (describe)	SHX-Sample Per History	V/S-Vegetation/Soil
CS-Control Swab	R-Redness	LA-Laceration	OI-Other Injury	SI-Suction Injury	ALS-Alt. Light Source
DE-Debris	F/H-Fiber/Hair		(describe)	T-Tears	WNL-Within Normal Limits

Exam Position Used: ☐ Supine Frog Leg ☐ Supine Lithotomy ☐ Supine Knee-Chest ☐ Prone Knee-Chest ☐ Lateral

			Photograph		
Locator #	Type	Description			Number
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
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			☐ Yes	☐ No	
			☐ Yes	☐ No	
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			☐ 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	

Additional photo log included: ☐ Yes ☐ No

ALS used: ☐ Yes ☐ No
☐ Reactive: Location
☐ Non-reactive:

☐ Colposcope ☐ Video ☐ Still Photos
☐ Camera ☐ Video ☐ Still Photos
Total # of pictures taken:

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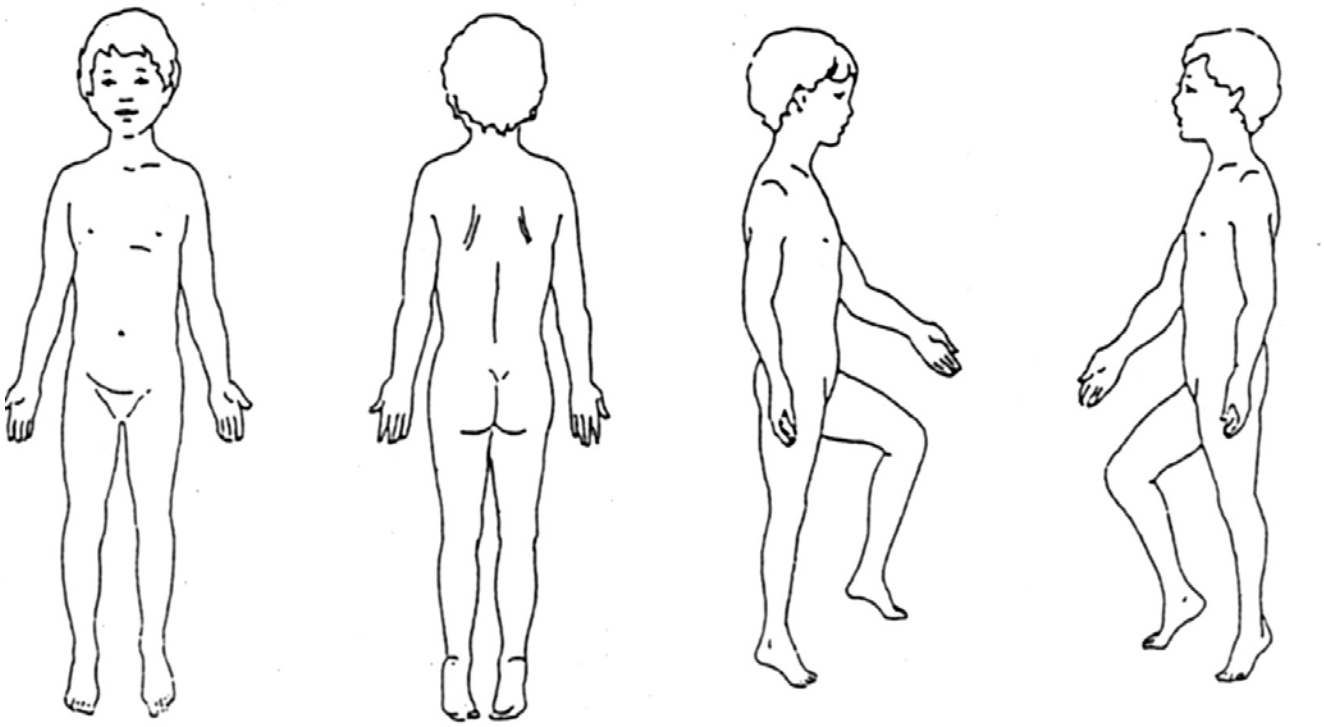
J. BODY DIAGRAM

Legend: Types of Findings

A-Abrasions	DF-Deformity	FB-Foreign Body	MS-Moist Secretion	PE-Petechiae	S-Swelling
BI-Bite	DS-Dry Secretion	IN-Induration	OF-Other Foreign	PS-Potential Saliva	TE-Tenderness
BU-Burn	B-Bruise	IW-Incised Wood	Materials (describe)	SHX-Sample Per History	V/S-Vegetation/Soil
CS-Control Swab	R-Redness	LA-Laceration	OI-Other Injury	SI-Suction Injury	ALS-Alt. Light Source
DE-Debris	F/H-Fiber/Hair		(describe)	T-Tears	WNL-Within Normal Limits

			Photograph		
Locator #	Type	Description			Number
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	



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Legend: Types of Findings					
A-Abrasions	DF-Deformity	FB-Foreign Body	MS-Moist Secretion	PE-Petechiae	S-Swelling
BI-Bite	DS-Dry Secretion	IN-Induration	OF-Other Foreign	PS-Potential Saliva	TE-Tenderness
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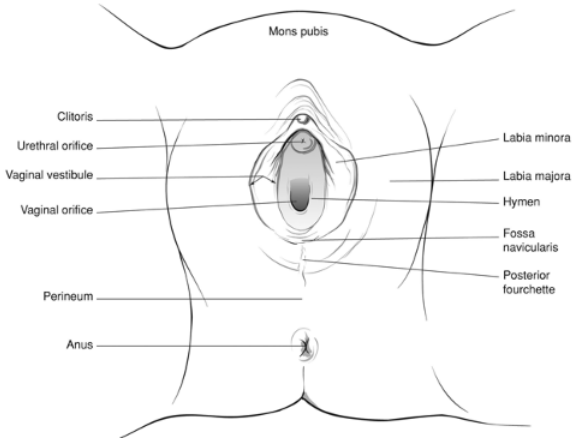
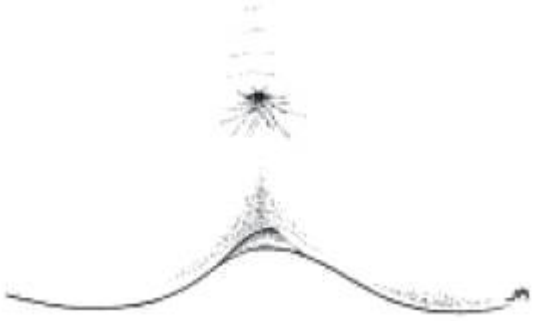
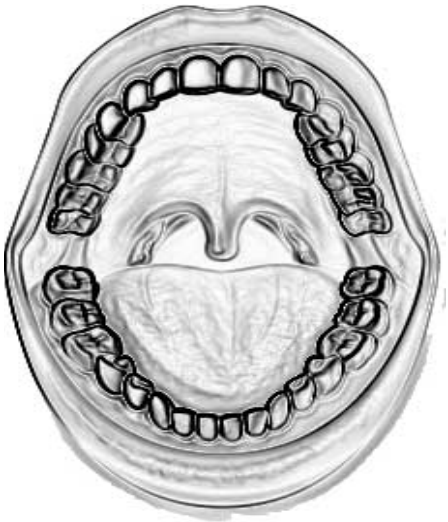
CS-Control Swab	R-Redness	LA-Laceration	OI-Other Injury	SI-Suction Injury	ALS-Alt. Light Source
DE-Debris	F/H-Fiber/Hair		(describe)	T-Tears	WNL-Within Normal Limits

			Photograph		
Locator #	Type	Description			Number
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	
			☐ Yes	☐ No	







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FORENSIC EXAMINER'S SIGNATURE

K. EVIDENCE COLLECTED AND SUBMITTED TO LAW ENFORCEMENT

	Envelopes	Samples Collected			Notes	Collected By First Initial, Last Name	Officer Received	
1.	Foreign Material Sheet	☐ Yes	☐ No	☐ NA			☐ Yes	☐ No
2.	Clothing bags (# Collected ___)	☐ Yes	☐ No	☐ NA			☐ Yes	☐ No
3.	Underwear/Diapers	☐ Yes	☐ No	☐ NA			☐ Yes	☐ No
4.	Oral Swabs	☐ Yes	☐ No	☐ NA			☐ Yes	☐ No
5.	Additional Evidence Swabs	☐ Yes	☐ No	☐ NA			☐ Yes	☐ No
6.	Alternative Light Source Swabs	☐ Yes	☐ No	☐ NA			☐ Yes	☐ No
7.	Fingernail Swabs (Left and Right Hand)	☐ Yes	☐ No	☐ NA			☐ Yes	☐ No
8.	Mons Pubis/Combings	☐ Yes	☐ No	☐ NA			☐ Yes	☐ No
9.	External Genitalia Swabs	☐ Yes	☐ No	☐ NA			☐ Yes	☐ No
10.	Anal/Rectal Swabs	☐ Yes	☐ No	☐ NA			☐ Yes	☐ No
11.	OMIT THIS STEP FOR PRE-PUBERTAL PATIENTS							
12.	Patient's Reference DNA Swab	☐ Yes	☐ No	☐ NA			☐ Yes	☐ No

	Toxicology Samples	Samples Collected			Collected By	Time	Officer Received	
1.	Blood Toxicology	☐ Yes	☐ No	☐ NA			☐ Yes	☐ No
2.	Urine Toxicology	☐ Yes	☐ No	☐ NA			☐ Yes	☐ No

	Sexual Assault Kit			
1.	Sexual Assault Kit Used:	☐ Yes	☐ No	If Yes, Kit Identification Number:
2.	Note: Please document any necessary deviations/additions to the kit:			

Collected By

Examiner's (PRINTED NAME)

Examiner's Signature

Date:

Time:

Received By

Case #:

Law Enforcement Officer (PRINTED NAME)

Signature of Law Enforcement Officer

Date:

Time:

PLACE PATIENT IDENTIFICATION STICKER HERE

FORENSIC EXAMINER'S SIGNATURE