FORENSIC MEDICAL REPORT:
NONACUTE (>72 HOURS)
CHILD/ADOLESCENT SEXUAL ABUSE
EXAMINATION

CAL OES 2-925

For copies of this form or assistance in completing the CAL OES 2-925, please contact California Clinical Forensic Medical Training Center at:
(916) 930-3080 or go to: www.ccfmtc.org
### A. GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Name of patient</th>
<th>Patient ID number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Telephone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>DOB</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Date/time of arrival</th>
<th>Date/time of discharge</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of:</th>
<th>Mother</th>
<th>Stepmother</th>
<th>Guardian</th>
<th>Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Telephone W:</th>
<th>H:</th>
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</thead>
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<table>
<thead>
<tr>
<th>Name of:</th>
<th>Father</th>
<th>Stepmother</th>
<th>Guardian</th>
<th>Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Telephone W:</th>
<th>H:</th>
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<thead>
<tr>
<th>Name(s) of Siblings</th>
<th>Gender</th>
<th>Age</th>
<th>DOB</th>
<th>Name(s) of Siblings</th>
<th>Gender</th>
<th>Age</th>
<th>DOB</th>
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<tr>
<td>M F</td>
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<td>M F</td>
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</table>

### B. REPORTING AND AUTHORIZATION

<table>
<thead>
<tr>
<th>Jurisdiction (city county other):</th>
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<table>
<thead>
<tr>
<th>Telephone report made to</th>
<th>Name</th>
<th>Agency</th>
<th>ID number</th>
<th>Telephone</th>
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<tbody>
<tr>
<td>Law Enforcement and/or</td>
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<tr>
<td>Child Protective Services</td>
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</table>

<table>
<thead>
<tr>
<th>Responding Personnel (to medical facility)</th>
<th>Name</th>
<th>Agency</th>
<th>ID number</th>
<th>Telephone</th>
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<tbody>
<tr>
<td>Law Enforcement and/or</td>
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<td></td>
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<tr>
<td>Child Protective Services</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Assigned Investigator (if known)</th>
<th>Name</th>
<th>Agency</th>
<th>ID number</th>
<th>Telephone</th>
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</thead>
<tbody>
<tr>
<td>Law Enforcement</td>
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<tr>
<td>Child Protective Services</td>
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</tbody>
</table>

4. Authorization for evidential exam requested by law enforcement or child protective services agency

I request a forensic medical examination for suspected sexual abuse at public expense.

<table>
<thead>
<tr>
<th>Telephone Authorization</th>
<th>Law enforcement officer</th>
<th>ID number</th>
<th>Child Protective Services</th>
</tr>
</thead>
</table>

C. CONSENT FOR EXAMINATION BY PATIENT/PARENT/GUARDIAN

Note: Parental consent is not required for a suspected child sexual abuse examination if the child is in protective custody. Family Code Section 6927 permits minors (12 to 17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions regarding parental notification requirements for minors.

- I hereby consent to a forensic medical examination for evidence of sexual abuse. I understand that collection of evidence may include photographing injuries and that these photographs may include the anal-genital area (private parts). I further understand that medical providers are required to notify child protective authorities of known or suspected child abuse; and, if child abuse is found or suspected, this form and any evidence obtained will be released to a child protective agency.
- I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Victims of Crime (VOC) Restitution Fund for out-of-pocket medical expenses, psychological counseling, loss of wages, and job retraining/rehabilitation.
- 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.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Patient</th>
<th>Parent</th>
<th>Guardian</th>
</tr>
</thead>
</table>

### DISTRIBUTION OF Cal OES 2-925

- Original – Law Enforcement
- Copy – Child Protective Services
- Copy – Medical Facility Records
D. PATIENT HISTORY

1. Record time or time frame of the incident(s)
   - More than 72 hours
   - Multiple incidents over time

2. Record patient's name for:
   - Female genitalia
   - Male genitalia
   - Breasts
   - Anus

3. Alleged perpetrator(s) name(s)
   - #1.
   - #2.
   - #3.

<table>
<thead>
<tr>
<th>Name of historian</th>
<th>Relationship to patient</th>
<th>History obtained by:</th>
<th>Telephone</th>
<th>Agency</th>
<th>Not applicable</th>
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<tbody>
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</tbody>
</table>

E. ACTS DESCRIBED BY HISTORIAN

- Genital/vaginal contact/penetration by:
  - Penis
  - Finger
  - Object (Describe)
  - Associated pain?
  - Associated bleeding?

- Anal contact/penetration by:
  - Penis
  - Finger
  - Object (Describe)
  - Associated pain?
  - Associated bleeding?

- Oral copulation of genitals:
  - Of patient by assailant
  - Of assailant by patient

- Oral copulation of anus:
  - Of patient by assailant
  - Of assailant by patient

- Anal/genital fondling:
  - Of patient by assailant
  - Of assailant by patient

- Non-genital act(s)?
  - If yes: Fondling Licking Kissing Suction Injury Biting
  - Other acts? (Describe)

- Did ejaculation occur?
  - If yes, note location(s):
    - Mouth Vagina Anus/Rectum Body surface On clothing Other

- Contraceptive or lubricant products?
  - If yes, note type/brand:
    - Foam Jelly Lubricant Condom

- Were force or threats used?
  - If yes, note type(s):
    - Pictures Videotapes

- Were drugs or alcohol used?
  - Loss of memory?
  - Lapse of consciousness?
  - Vomited after act(s)?
  - Behavioral changes in patient?

*Collection of urine toxicology sample (<96 hours) is recommended according to local policy.
### F. ACTS DESCRIBED BY PATIENT

<table>
<thead>
<tr>
<th>Acts disclosed by patient to:</th>
<th>Law Enforcement Officer</th>
<th>Medical Examiner</th>
<th>Multi-disciplinary Interview Team</th>
<th>Social Worker</th>
<th>Other:</th>
<th>Patient Identification</th>
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<tbody>
<tr>
<td>Genital/vaginal contact/penetration by:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penis</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Finger</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Object (Describe)</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Associated pain?</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Associated bleeding?</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Anal contact/penetration by:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Penis</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
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<td></td>
</tr>
<tr>
<td>Finger</td>
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<td>N/A</td>
<td></td>
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<tr>
<td>Object (Describe)</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Associated pain?</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Associated bleeding?</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Oral copulation of genitals:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of patient by assailant</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Of assailant by patient</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Oral copulation of anus:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of patient by assailant</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Of assailant by patient</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Anal/genital fondling:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of patient by assailant</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Of assailant by patient</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Non-genital act(s)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes:</td>
<td>Fondling</td>
<td>Licking</td>
<td>Kissing</td>
<td>Suction Injury</td>
<td>Biting</td>
<td></td>
</tr>
<tr>
<td>Other acts? (Describe)</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Did ejaculation occur?</td>
<td>No</td>
<td>Yes</td>
<td>Attempted</td>
<td>Unsure</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>If yes, note location(s):</td>
<td>Mouth</td>
<td>Vagina</td>
<td>Body surface</td>
<td>On bedding</td>
<td>Anus/Rectum</td>
<td>On clothing</td>
</tr>
<tr>
<td>Contraceptive or lubricant products?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, note type/brand:</td>
<td>Foam</td>
<td>Jelly</td>
<td>Lubricant</td>
<td>Condom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were force or threats used?</td>
<td>No</td>
<td>Yes</td>
<td>Force</td>
<td>Threats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were pictures/videotapes taken or shown?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, note type(s):</td>
<td>Pictures</td>
<td>Videotapes</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Were drugs or alcohol used?</td>
<td>No</td>
<td>Yes*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of memory?</td>
<td>No</td>
<td>Yes*</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Lapse of consciousness?</td>
<td>No</td>
<td>Yes*</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Vomited after act(s)?</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Behavioral changes?</td>
<td>No</td>
<td>Yes</td>
<td></td>
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</tr>
</tbody>
</table>

*Collection of urine toxicology sample (<96 hours) is recommended according to local policy.

### G. MEDICAL HISTORY

**Note**: This section is intended to be completed by medical personnel.

1. **Name of person providing history**
2. **Relationship to patient**
3. **Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of physical findings?**
4. **Any other pertinent medical conditions that may affect the interpretation of physical findings?**
5. **Any pre-existing physical injuries?**
6. **Any previous history of physical abuse and/or neglect?**
7. **Any previous history of sexual abuse?**
8. **Other intercourse?** (For adolescents only)
   - If yes, anal (within past 5 days)? When
   - vaginal (within past 5 days)? When
   - If yes, did ejaculation occur? Where
   - If yes, was a condom used?
9. **Menstrual periods?**
   - If yes, age of menarche:
   - Last menstrual period:

### 9. Other symptoms disclosed

**By patient:**
- Abdominal/pelvic pain
- Pain on urination
- Genital discomfort or pain
- Genital itching
- Genital discharge
- Genital bleeding
- Rectal discomfort or pain
- Rectal itching
- Rectal bleeding
- Constipation
- Other

**By historian:**
- No
- Yes
- Unk

If yes, describe onset, duration and intensity:
H. GENERAL PHYSICAL EXAMINATION

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

1. BP
   Pulse  Resp  Temp  Height  Weight
   Started  Completed

2. Date/time examination

3. Female Tanner Stage – Breast
   1 □  2 □  3 □  4 □  5 □

4. Describe general demeanor and relevant statements made during exam.

5. Conduct a physical examination.
   □ Findings  □ No Findings
   General exam within normal limits: □ Yes  □ No  If no, describe:

Patient Identification

Diagram A

Diagram B

Diagram C

Diagram D

Diagram E

Diagram F

LEGEND: Types of Findings

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Cal OES 2-925 (2001) 4 of 6
I. EXAMINATION OF THE EXTERNAL GENITALIA AND PERINEAL AREA

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

1. Use a colposcope or employ other means of magnification.

2. Examine the genital structures.
   - See page 5 of instructions for diagrams of the genital structures.
   - Use exam techniques described in instructions.
   - Diagram the position that best illustrates your findings.

Diagram G

Diagram H

Diagram I

Diagram J

Supine Knee-Chest Penis

LEGEND: Types of Findings

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Type</th>
<th>Description</th>
<th>Type</th>
<th>Description</th>
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<th>Description</th>
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<tbody>
<tr>
<td>AB</td>
<td>Abrasion</td>
<td>BU</td>
<td>Burn</td>
<td>DI</td>
<td>Discharge</td>
<td>HC</td>
<td>Hymenal Cleft</td>
</tr>
<tr>
<td>AHT</td>
<td>Absent Hymenal Tissue</td>
<td>CV</td>
<td>Congenital Variation</td>
<td>EC</td>
<td>Ecchymosis (bruise)</td>
<td>IN</td>
<td>Induration</td>
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<tr>
<td>AL</td>
<td>Anal Laxity</td>
<td>DE</td>
<td>Debris</td>
<td>FB</td>
<td>Foreign Body</td>
<td>OI</td>
<td>Other Injury</td>
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<tr>
<td>BI</td>
<td>Bite</td>
<td>DF</td>
<td>Deformity</td>
<td>GT</td>
<td>Granulation Tissue</td>
<td>(describe)</td>
<td>PE</td>
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<td>PGW</td>
<td>Possible Genital Wart</td>
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<td></td>
<td></td>
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<tr>
<td>SH</td>
<td>Submucosal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VL</td>
<td>Vesicular Lesion</td>
<td></td>
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</tbody>
</table>

Locator # Type Description Locator # Type Description

Cal OES 2-925 (2001)
**J. ANAL-GENITAL FINDINGS**

1. **Exam method:**
   - [ ] Direct visualization
   - [ ] Colposcope
   - [ ] Other magnification

2. **General Female/Male**
   - WNL
   - ABN
   - Describe

   - Inguinal adenopathy
   - Perineum

3. **Genital Tanner Stage**
   - 1
   - 2
   - 3
   - 4
   - 5

4. **Female Genitalia**
   - WNL
   - ABN
   - Describe

   - Labia majora
   - Labia minora
   - Clitoral hood
   - Perihymenal tissues (vestibule)
   - Hymen

   - Exam positions/methods:
     - Supine
     - Prone
     - Other:
     - Saline/water
     - Moistened swab
     - Catheter
     - Other:

   - Record morphology:
     - Annular
     - Crescentic
     - Imperforate
     - Septate

   - Fossa navicularis
   - Posterior fourchette
   - Vagina (pubertal adolescents)
   - Cervix (pubertal adolescents)

   - Discharge

5. **Male Genitals**
   - WNL
   - ABN
   - Describe

   - Penis
     - Circumcised
     - Uncircumcised
     - Foreskin
     - Glans Penis
     - Penile Shaft
     - Urethral meatus
     - Scrotum
     - Testes

   - Discharge

6. **Female/Male Anus and Rectum**
   - WNL
   - ABN
   - Describe

   - Buttocks
   - Perianal skin
   - Anal verge/folds
   - Rectum

   - Anal dilation
   - Stool present in rectal ampulla

**K. FINDINGS AND INTERPRETATION**

1. **Anal-Genital Findings**
   - Normal anal-genital exam
   - Abnormal anal-genital exam
   - Indeterminate anal-genital exam

2. **Assessment of Anal-Genital Findings**
   - Consistent with history
   - Inconsistent with history
   - Limited/Insufficient history

3. **Interpretation of Anal-Genital Findings**
   - Normal exam: can neither confirm nor negate sexual abuse
   - Non specific: may be caused by sexual abuse or other mechanisms
   - Sexual abuse is highly suspected
   - Define evidence of sexual abuse and/or sexual contact.

4. **Need further consultation/investigation**

5. **Lab results or photo review pending (may alter assessment)**

6. **Additional comments regarding findings, interpretations, and recommendations.**

**L. MEDICAL LAB TESTS PERFORMED**

- STD Cultures
- GC
- Chlamydia
- Other

- Oral
- Vestibular
- Vaginal
- Cervical
- Rectal
- Penile
- Wet mount
- Serology
- Syphilis
- HIV
- Hepatitis

- Pregnancy test
- Blood
- Urine

- Other test(s)

**M. TOXICOLOGY**

- Urine Toxicology

**N. PHOTO DOCUMENTATION METHODS**

- Body: No
  - Yes
  - Colposcope/35mm
  - Macrolens/35mm
  - Colposcope/Videocamera
  - Other Optics

- Photographed by:

**O. PRINT NAMES OF PERSONNEL INVOLVED**

- History taken by:
- Exam performed by:
- Telephone:
- Signature of Examiner:
- License No.