MEDICAL REPORT:
SUSPECTED CHILD PHYSICAL ABUSE AND NEGLECT EXAMINATION

CAL OES 2-900

For copies of this form or assistance in completing the Cal OES 2-900, please contact California Clinical Forensic Medical Training Center www.ccfmtc.org
### A. GENERAL INFORMATION

1. **Name of Medical Facility Where Exam Performed**
   - Facility Address

2. **Date of Exam**
   - Time of Exam

3. **Patient’s Last Name**
   - **First Name**
   - **M.I.**
   - Telephone
   - Cell Phone

4. **Street Address**
   - **City**
   - **County**
   - **State**
   - **Zip Code**

5. **Age**
   - **Date of Birth**
   - **Gender**
   - **Ethnicity**

6. **Interpreter Used**:
   - No
   - Yes
   - Language Used:

   **Name of Interpreter:**
   - **Telephone:**

   **Affiliation of Interpreter:**
   - Facility Interpreting Services
   - Contracted Agency, specify:
   - Family
   - Friend
   - Other, specify:

7. **Name of Child’s Caregiver**
   - Parent
   - Legal Guardian
   - Other, specify:

   **Gender**
   - Female
   - Male

   **Telephone**
   - (w)
   - (h)
   - (c)

   **Street Address**
   - **City**
   - **County**
   - **State**
   - **Zip Code**

8. **Name of Child’s Caregiver**
   - Parent
   - Legal Guardian
   - Other, specify:

   **Gender**
   - Female
   - Male

   **Telephone**
   - (w)
   - (h)
   - (c)

   **Street Address**
   - **City**
   - **County**
   - **State**
   - **Zip Code**

9. **Name(s) of Siblings**
   - **Gender**
   - **Age**
   - **DOB**
   - **Name(s) of Siblings**

<table>
<thead>
<tr>
<th>M</th>
<th>F</th>
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<tbody>
<tr>
<td>M</td>
<td>F</td>
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</tbody>
</table>

### B. MANDATORY REPORTING FOR SUSPECTED CHILD ABUSE AND NEGLECT

Mandatory Child Abuse/Neglect Report made to both Law Enforcement and CPS Agencies (Pursuant to Penal Code §11166):

- **Law Enforcement**
  - **Telephone Report**
  - **Written Report Submitted**

- **Child Protective Services**
  - **Telephone Report**
  - **Written Report Submitted**

### C. RESPONDING PERSONNEL TO MEDICAL FACILITY

- Name of Person Taking Report:
  - **Telephone:**

- **Agency**

- **Unknown**

### D. PATIENT CONSENT AND AUTHORIZATION FOR EXAMINATION

(See instructions)

- **Law Enforcement Authorized**
- **CPS Authorized**
- **Placed in protective custody**
- **Physician authority pursuant to state law**
- **Parent/Guardian consent**

### E. DISTRIBUTION OF Cal OES 2-900

(Check all that apply)

- **Law Enforcement Agency (original)**
  - **Hand Delivered**
  - **Mailed**
  - **Fax**

- **Child Protective Services (copy)**
  - **Hand Delivered**
  - **Mailed**
  - **Fax**

- **Crime Laboratory (copy included with evidence)**
  - **Hand Delivered**
  - **Mailed**
  - **Fax**

- **Medical Facility Records (copy)**

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### F. PATIENT HISTORY

<table>
<thead>
<tr>
<th>1. Name of Person(s) Providing History</th>
<th>Relationship to Patient</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>2. Child Accompanied to Facility By</th>
<th>Relationship to Patient</th>
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</table>

#### 3. History of Present Illness

☐ See dictation for additional information. ☐ N/A

If dictating, provide brief 2-3 sentence handwritten summary. Print or write legibly. Include date, time or timeframe, place of incident, and initial reporting party. Distinguish statements made by child in quotation marks from those statements made by other historians.

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### G. PAST MEDICAL HISTORY

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Describe</th>
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<tbody>
<tr>
<td>Birth History (if applicable)</td>
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<tr>
<td>Physical Abuse History</td>
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<tr>
<td>Sexual Abuse History</td>
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<tr>
<td>Neglect History</td>
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<tr>
<td>Emotional Abuse History</td>
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<tr>
<td>Domestic Violence Exposure</td>
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<tr>
<td>Alcohol/Drug Exposure</td>
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<tr>
<td>☐ Prenatal ☐ Postnatal ☐ Alcohol ☐ Drug</td>
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</tbody>
</table>

Hospitalization(s) ☐ ☐ ☐

Surgery ☐ ☐ ☐

Significant Illness/Injury ☐ ☐ ☐

Any pertinent medical condition(s) that may affect the interpretation of findings? ☐ ☐ ☐

Allergies ☐ ☐ ☐

Medications ☐ ☐ ☐

Immunizations Up To Date ☐ ☐ ☐

Disabilities ☐ ☐ ☐

Growth & Development ☐ ☐ ☐

☐ WNL ☐ ABN ☐ Unknown

Specify types of drugs if known, and collect urine toxicology up to 96 hours after ingestion:

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### H. REVIEW OF SYSTEMS

☐ Negative except as noted below

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☐ See dictation for additional information ☐ N/A

### I. NAME OF PERSON TAKING HISTORY

(Print Name) Signature Telephone Date

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### J. GENERAL PHYSICAL EXAMINATION

1. Temperature | Pulse | Respiration | Blood Pressure

2. Height (% cm or in) | Weight (% kg or lb) | Children under 2: (HC) (%)

3. General physical appearance, demeanor, and level of physical discomfort/pain. Provide brief handwritten summary even if dictating. □ See dictation for additional information. □ N/A

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### 4. Record results of physical examination.

<table>
<thead>
<tr>
<th>WNL</th>
<th>ABN</th>
<th>Not Examined</th>
<th>See Body Diagram</th>
<th>Describe Abnormal Findings.</th>
<th>□ N/A</th>
<th>□ See dictation for additional information</th>
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</thead>
<tbody>
<tr>
<td>Skin</td>
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<td>Ears</td>
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<td>Nose</td>
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<td>Mouth/Pharynx</td>
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<td>Teeth</td>
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<td>Neck</td>
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<td>Chest</td>
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<td>Heart</td>
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<td>Abdomen</td>
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<td>Buttocks</td>
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<td>Extremities</td>
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<td>Neurological</td>
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<tr>
<td>Genitalia</td>
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5. If genital injuries are sustained, use copies of page(s) 6 and 7 (if applicable) from Cal OES 2-930 Forensic Medical Report: Acute (<72 hours) Child/Adolescent Sexual Abuse Examination Form or Cal OES 2-925 Forensic Medical Report: NonAcute (>72 hours) Child/Adolescent Sexual Abuse Examination to document findings and attach to this form.
6. Conduct physical examination and record findings using the diagrams.

<table>
<thead>
<tr>
<th>Patient Identification</th>
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<tbody>
<tr>
<td>A</td>
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<tr>
<td>B</td>
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</tbody>
</table>
6. Conduct physical examination and record findings using the diagrams.
7. Examine the face, head, ears, hair, scalp, neck, and mouth for injury. Record findings using the diagrams.

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**Patient Identification**

- E: Front view of the head and face
- F: Side view of the head and face
- G: Front view of the neck and mouth
- H: Front view of the nose and mouth
### K. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

1. **Clothing Collected**
   - No [□]  Yes [□]  N/A [□]

   - Clothing Placed in Evidence Kit [□]  Clothing Placed in Paper Bag [□]

### L. TOXICOLOGY SAMPLES

- **Blood Alcohol / Toxicology**
  - N/A [□]  No [□]  Yes [□]
  - Collected by:

- **Urine Toxicology**
  - N/A [□]  No [□]  Yes [□]

### M. REFERENCE SAMPLES

- **Blood (lavender top tube)**
  - N/A [□]  No [□]  Yes [□]

- **Blood card (optional)**
  - N/A [□]  No [□]  Yes [□]

- **Buccal swabs (optional)**
  - N/A [□]  No [□]  Yes [□]

### N. DIAGNOSTIC STUDIES

1. **Laboratory**
   - WNL [□]  ABN [□]  N/A [□]  Pending [□]

   - CBC [□]  Platelets [□]  INR, PTT, PT [□]  SGOT, SGPT [□]

   - WNL [□]  ABN [□]  Pending [□]  Results [□]

2. **Diagnostic Imaging**
   - WNL [□]  ABN [□]  N/A [□]

   - Preliminary Reading [□]  Final Report [□]

   - Skeletal Survey [□]  CT Scan [□]  MRI [□]  Other [□]

   - Describe:

### O. PHOTO DOCUMENTATION

- No [□]  Yes [□]  N/A [□]

   - Film Retained [□]

   - Photographs taken by:

   - Film Released to:

   - 35mm [□]  Digital [□]  Instant [□]  Other [□]

   - Recommend follow-up photographs be taken in 1-2 days

### Q. DISTRIBUTION OF EVIDENCE

- **Released To**

- **Clothing**
  - (items not placed in evidence kit) [□]

- **Evidence Kit** [□]

### R. PERSONNEL INVOLVED

- **Examination Performed By**:

- **Signature of Examiner**

- **License No.**  Telephone  Date

### S. PATIENT DISPOSITION

- No [□]  Yes [□]  N/A [□]

   - Admitted [□]  Home [□]  Protective Custody [□]

   - Follow Up Exam Needed (specify reason):