**State of California**
**Governor's California Office of Emergency Services**
**(www.caloes.ca.gov)**

# 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**
**www.ccfmtc.org**

**FORENSIC MEDICAL REPORT: NONACUTE (>72 HOURS)**
**CHILD/ADOLESCENT SEXUAL ABUSE EXAMINATION**
**STATE OF CALIFORNIA**
**CALIFORNIA OFFICE OF EMERGENCY SERVICES**

# Cal OES 2-925

**Confidential Document**

**Patient Identification**

## A. GENERAL INFORMATION (print or type)

**Name of Medical Facility:**

**1. Name of patient** | **Patient ID number**

**2. Address** | **City** | **County** | **State** | **Telephone**

| 3. Age | DOB | Gender | Ethnicity | Date/time of arrival | Date/time of discharge |
|---|---|---|---|---|---|
| | | | | | |

**4. Name of :** ☐ **Mother** ☐ **Stepmother** ☐ **Guardian** **Address** **City** **County** **State** **Telephone** **W:** **H:**

**5. Name of :** ☐ **Father** ☐ **Stepfather** ☐ **Guardian** **Address** **City** **County** **State** **Telephone** **W:** **H:**

| 6. Name(s) of Siblings | Gender | Age | DOB | Name(s) of Siblings | Gender | Age | DOB |
|---|---|---|---|---|---|---|---|
| | M F | | | | M F | | |
| | M F | | | | M F | | |

## B. REPORTING AND AUTHORIZATION

**Jurisdiction (** ☐**city** ☐**county** ☐**other):**

| 1. Telephone report made to | | Name | Agency | ID number | Telephone |
|---|---|---|---|---|---|
| Law Enforcement and/or | ☐ | | | | |
| Child Protective Services | ☐ | | | | |

| 2. Responding Personnel (to medical facility) | | Name | Agency | ID number | Telephone |
|---|---|---|---|---|---|
| Law Enforcement and/or | ☐ | | | | |
| Child Protective Services | ☐ | | | | |

| 3. Assigned Investigator (if known) | | Name | Agency | ID number | Telephone |
|---|---|---|---|---|---|
| Law Enforcement | ☐ | | | | |
| Child Protective Services | ☐ | | | | |

**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.

**Telephone Authorization**
Agency:
Authorizing party:
ID number:
Date/time:

☐ **Law enforcement officer** **ID number** ☐ **Child Protective Services**

**Telephone** **Date** **Time** **Case number**

## 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.

Signature _____ ☐ Patient ☐ Parent ☐ Guardian

## 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) | Date(s) | Time or time frame |
|---|---|---|
| ☐ More than 72 hours | | |
| ☐ Multiple incidents over time | | |

| 2. Record patient's name for: | 3. Alleged perpetrator(s) name(s) | Age | Gender | Ethnicity | Relationship to Patient | |
|---|---|---|---|---|---|---|
| Female genitalia | | | | | Known | Unknown |
| Male genitalia | #1. | | M F | | | |
| Breasts | #2. | | M F | | | |
| Anus | #3. | | M F | | | |

## E. ACTS DESCRIBED BY HISTORIAN

| Name of historian | Relationship to patient | History obtained by: | Telephone | Agency ☐ Not applicable |
|---|---|---|---|---|
| | | | | |

| | No | Yes | Attempted | Unsure | N/A | Describe pain and/or bleeding and additional pertinent history: |
|---|---|---|---|---|---|---|
| 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 ☐ Body surface ☐ On bedding | | | | | | |
| ☐ Anus/Rectum ☐ On clothing ☐ Other | | | | | | |
| Contraceptive or lubricant products? ☐ No ☐ Yes | | | | | ☐ | |
| If yes, note type/brand: ☐ Foam ☐ Jelly ☐ Lubricant ☐ Condom | | | | | | |
| Were force or threats used? ☐ No ☐ Yes ☐ Force ☐ Threats | | | | | ☐ | |
| Were pictures/videotapes taken☐ or shown☐? ☐ No ☐ Yes | | | | | ☐ | |
| If yes, note type(s): ☐ Pictures ☐ Videotapes | | | | | | |
| Were drugs ☐ or alcohol ☐ used? | | ☐ No | ☐ Yes* | | ☐ | |
| Loss of memory? | | ☐ No | ☐ Yes* | | ☐ | |
| Lapse of consciousness? | | ☐ No | ☐ Yes* | | ☐ | |
| Vomited after act(s)? | | ☐ No | ☐ Yes | | ☐ | |
| Behavioral changes in patient? | | ☐ No | ☐ Yes | | ☐ | |

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

## F. ACTS DESCRIBED BY PATIENT

**1. Acts disclosed by patient to:** ☐ Law Enforcement Officer ☐ Medical Examiner ☐ Multi-disciplinary Interview Team ☐ Social Worker ☐ Other:

**Patient Identification**

| | No | Yes | Attempted | Unsure | N/A |
|---|---|---|---|---|---|
| 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 ☐ Body surface ☐ On bedding | | | | | |
| ☐ Anus/Rectum ☐ On clothing ☐ Other | | | | | |
| Contraceptive or lubricant products? | ☐ No | ☐ Yes | | | ☐ |
| If yes, note type/brand: ☐ Foam ☐ Jelly ☐ Lubricant ☐ Condom | | | | | |
| Were force or threats used? | ☐ No | ☐ Yes | ☐ Force | ☐ Threats | ☐ |
| Were pictures/videotapes taken ☐ or shown ☐? | ☐ No | ☐ Yes | | | ☐ |
| If yes, note type(s): ☐ Pictures ☐ Videotapes | | | | | |
| Were drugs ☐ or alcohol ☐ used? | ☐ No | ☐ Yes* | | | ☐ |
| Loss of memory? | ☐ No | ☐ Yes* | | | ☐ |
| Lapse of consciousness? | ☐ No | ☐ Yes* | | | ☐ |
| Vomited after act(s)? | ☐ No | ☐ Yes | | | ☐ |
| Behavorial changes? | ☐ No | ☐ Yes | | | ☐ |

**2. Describe pain and/or bleeding (using exact patient's words) and additional pertinent history:**

_____

_____

_____

## H. GENERAL PHYSICAL EXAMINATION

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

| 1. BP | Pulse | Resp | Temp | Height | Weight | 2. Date/time examination | |
|---|---|---|---|---|---|---|---|
| | | | | | | Started | Completed |
| | | | | | | | |

**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**

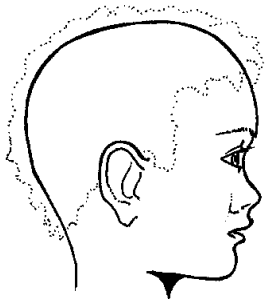


**Diagram B**

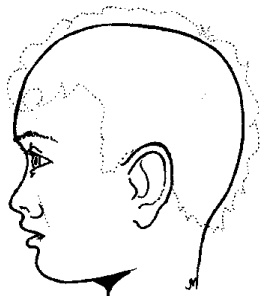


**Diagram C**

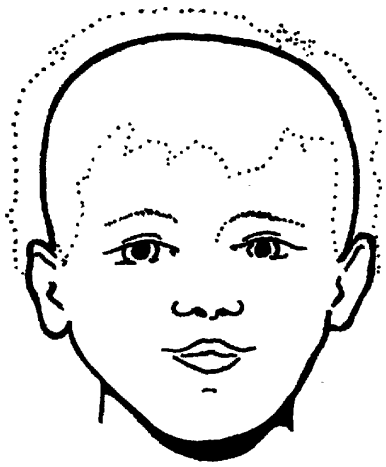


**Diagram D**

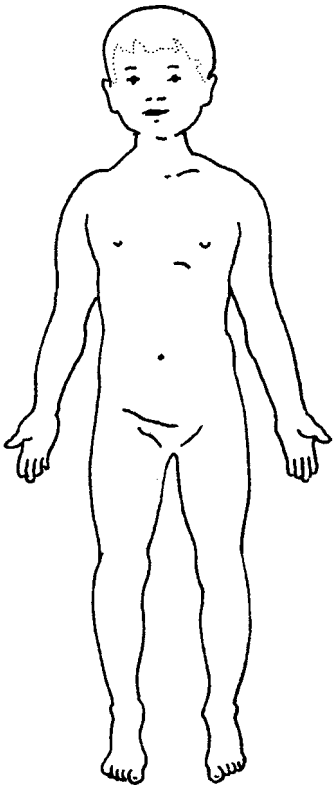


**Diagram E**

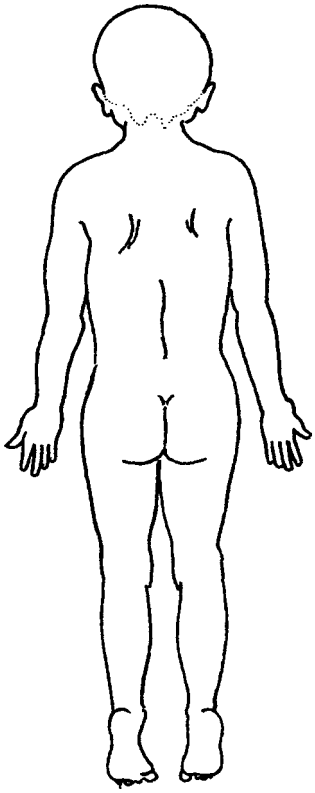
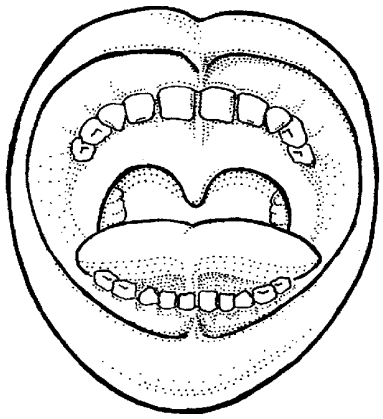


**Diagram F**



### LEGEND: Types of Findings

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **AB** | Abrasion | **BU** | Burn | **DI** | Discharge | **HC** | Hymenal Cleft | **OSC** | Other Skin Condition | **PGW** | Possible Genital Wart | **SW** | Swelling |
| **AHT** | Absent Hymenal Tissue | **CV** | Congenital Variation | **EC** | Ecchymosis (bruise) | **IN** | Induration | | | | | **TE** | Tenderness |
| **AL** | Anal Laxity | **DE** | Debris | **ER** | Erythema (redness) | **LA** | Laceration | **OT** | Other | **SH** | Submucosal Hemorrhage | **VL** | Vesicular Lesion |
| **BI** | Bite | **DF** | Deformity | **FB** | Foreign Body | **OI** | Other Injury (describe) | **PW** | Perianal Wart | | | | |
| | | | | **GT** | Granulation Tissue | | | **PE** | Petechiae | **SI** | Suction Injury | | |

| Locator # | Type | Description | Locator # | Type | Description |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## I. EXAMINATION OF THE EXTERNAL GENITALIA AND PERINEAL AREA

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

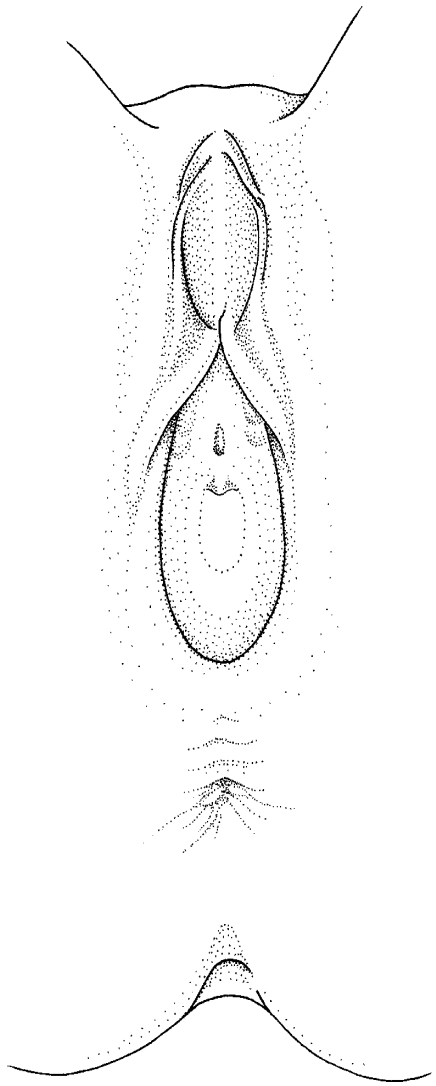
**1. Use a colposcope or employ other means of magnification.**

**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.**

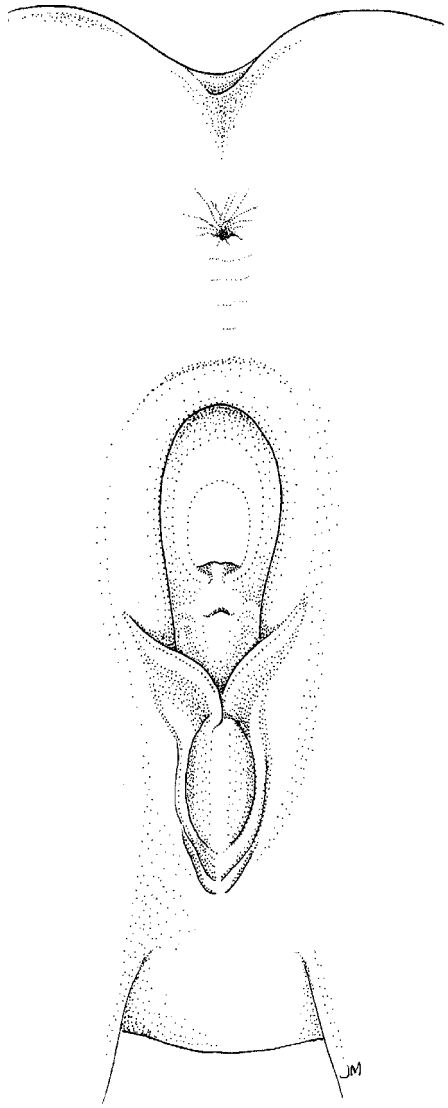
**Patient Identification**

**Diagram G**



**Supine**

**Diagram H**



**Knee-Chest**

**Diagram I**

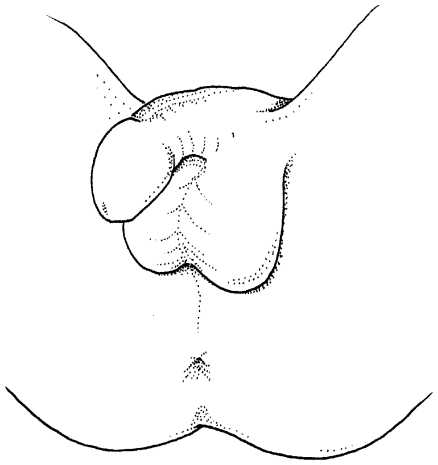
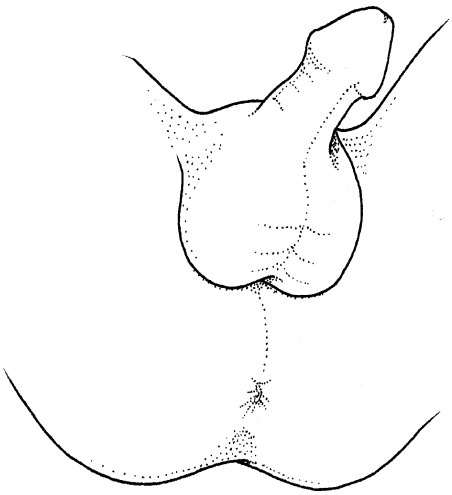


**Diagram J**



**Penis**

### LEGEND: Types of Findings

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **AB** | Abrasion | **BU** | Burn | **DI** | Discharge | **HC** | Hymenal Cleft | **OSC** | Other Skin Condition | **PGW** | Possible Genital Wart | **SW** | Swelling |
| **AHT** | Absent Hymenal Tissue | **CV** | Congenital Variation | **EC** | Ecchymosis (bruise) | **IN** | Induration | **OT** | Other | **SH** | Submucosal Hemorrhage | **TE** | Tenderness |
| **AL** | Anal Laxity | **DE** | Debris | **ER** | Erythema (redness) | **LA** | Laceration | **PW** | Perianal Wart | **SI** | Suction Injury | **VL** | Vesicular Lesion |
| **BI** | Bite | **DF** | Deformity | **FB** | Foreign Body | **OI** | Other Injury (describe) | **PE** | Petechiae | | | | |
| | | | | **GT** | Granulation Tissue | | | | | | | | |

| Locator # | Type | Description | Locator # | Type | Description |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## 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**

Exam positions/methods:

| | Separation | Traction | Knee chest |
|---|---|---|---|
| Supine | ☐ | ☐ | ☐ |
| Prone | ☐ | ☐ | ☐ |

☐ Saline/water ☐ Moistened swab ☐ Catheter ☐ Other:

| | WNL | ABN | Describe |
|---|---|---|---|
| Labia majora | ☐ | ☐ | |
| Labia minora | ☐ | ☐ | |
| Clitoral hood | ☐ | ☐ | |
| Perihymenal tissues (vestibule) | ☐ | ☐ | |
| Hymen ☐Supine ☐Prone | ☐ | ☐ | |

Record morphology:

☐ Annular _____

☐ Crescentic _____

☐ Imperforate _____

☐ Septate _____

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

Discharge ☐No ☐Yes If yes, describe:

**Patient Identification**

**5. Male Genitals**

| | | WNL | ABN | Describe |
|---|---|---|---|---|
| Penis | | ☐ | ☐ | _____ |
| Circumcised | ☐ | | | _____ |
| Uncircumcised | ☐ | | | _____ |
| Foreskin | | ☐ | ☐ | _____ |
| Glans Penis | | ☐ | ☐ | _____ |
| Penile Shaft | | ☐ | ☐ | _____ |
| Urethral meatus | | ☐ | ☐ | _____ |
| Scrotum | | ☐ | ☐ | _____ |
| Testes | | ☐ | ☐ | _____ |

Discharge ☐No ☐Yes If yes, describe:

**6. Female/Male Anus and Rectum**

| Exam positions | Observation | Observation with traction |
|---|---|---|
| Supine | ☐ | ☐ |
| Supine knee chest | ☐ | ☐ |
| Prone knee chest | ☐ | ☐ |
| Lateral recumbent | ☐ | ☐ |

Exam methods: ☐ Moistened swab ☐ Other:_____ ☐ Anoscopy

| | WNL | ABN | Describe: |
|---|---|---|---|
| Buttocks | ☐ | ☐ | _____ |
| Perianal skin | ☐ | ☐ | _____ |
| Anal verge/folds | ☐ | ☐ | _____ |
| Rectum | ☐ | ☐ | _____ |

_____

_____

_____

Anal dilation ☐ No ☐ Yes If yes: ☐ Immediate ☐ Delayed

Stool present in rectal ampulla ☐ No ☐ Yes ☐Undetermined

## 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

☐ Definite evidence of sexual abuse and/or sexual contact.

**4. ☐ Need further consultation/investigation**

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

## L. MEDICAL LAB TESTS PERFORMED

| STD Cultures | GC | Chlamydia | Other | Describe | Taken by |
|---|---|---|---|---|---|
| Oral | ☐ | ☐ | ☐ | _____ | _____ |
| Vestibular | ☐ | ☐ | ☐ | _____ | _____ |
| Vaginal | ☐ | ☐ | ☐ | _____ | _____ |
| Cervical | ☐ | ☐ | ☐ | _____ | _____ |
| Rectal | ☐ | ☐ | ☐ | _____ | _____ |
| Penile | ☐ | ☐ | ☐ | _____ | _____ |
| Wet mount | ☐ | ☐ | ☐ | _____ | _____ |

Serology Syphilis ☐ HIV ☐ Hepatitis ☐ _____

Pregnancy test Blood ☐ Urine☐ _____ _____

Other test(s) _____ _____

## M. TOXICOLOGY

**Urine Toxicology** ☐ No ☐ Yes Taken by: _____

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

## N. PHOTO DOCUMENTATION METHODS

| | No | Yes | Colposcope/35mm | Macrolens/35mm | Colposcope/Videocamera | Other Optics | Photographed by: |
|---|---|---|---|---|---|---|---|
| **Body** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | _____ _____ |
| **Genitals** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | _____ _____ |

## O. PRINT NAMES OF PERSONNEL INVOLVED

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