

## EXAMPLE MEDICAL EXAM CHECKLIST

<b>Sexual Assault Forensic Exam Summary</b>		
<b>Patient Name:</b>	<b>Arrival Date &amp; Time:</b>	
<b>Forensic Examiner:</b>	<b>Initials:</b>	<b>Arrival Date &amp; Time:</b>
<b>Requesting Agency:</b>		
Detective's Name:		
Victim Witness Coordinator:		
Other Advocate:		
<b>Medical Clearance:</b>		
<b>Exam Process:</b>		
<input type="checkbox"/> <b>Consents</b> for exam/treatment signed		
<input type="checkbox"/> <b>Urine</b> for pregnancy test	<input type="checkbox"/> Bedside	<input type="checkbox"/> Lab
<input type="checkbox"/> <b>Urine</b> for Toxicology in State of Idaho Biological Specimens' Kit per Police request		
<input type="checkbox"/> <b>Blood</b> for Alcohol in State of Idaho Biological Specimens' Kit		
<input type="checkbox"/> <b>History</b> completed		
<input type="checkbox"/> <b>Kit</b> , Obtain new sealed kit	<input type="checkbox"/> Seal intact	<input type="checkbox"/> Expiration Date:
<input type="checkbox"/> <b>Clothing Removal:</b>		
<input type="checkbox"/> Each item in a separate bag, bag sealed with tape		
<input type="checkbox"/> Bag labeled with item of clothing, patient name, date, examiner's initials		
<input type="checkbox"/> Clothing bagged:		
<input type="checkbox"/> Patient Gowned		
<input type="checkbox"/> Woods lamp inspection head to toe		
<input type="checkbox"/> Positive Florescence    Where:		
<input type="checkbox"/> Swabs of positive florescence taken		
<input type="checkbox"/> <b>Debris Collection</b> from paper patient undressed on:		
<input type="checkbox"/> Foreign matter (i.e.; blood, grass, fiber) seen:		
<input type="checkbox"/> Paper folded and placed in brown paper bag, sealed, and labeled		
<input type="checkbox"/> No Debris found		
<input type="checkbox"/> <b>Head to toe</b> physical assessment		
<input type="checkbox"/> Swabbed bite marks		
<input type="checkbox"/> Swabbed suck marks		
<input type="checkbox"/> Other Swabs:		
<input type="checkbox"/> Photo documentation of injuries		
<input type="checkbox"/> Written documentation of injuries		
<input type="checkbox"/> Blood Sample:	<input type="checkbox"/> For Sexual Assault Kit	<input type="checkbox"/> For additional lab test see physician orders
<input type="checkbox"/> <b>Head Hair obtained (optional)</b>		
<input type="checkbox"/> <b>Oral Swabs:</b> 4 swabs obtained		

<b>Exam Process (continued):</b>
<input type="checkbox"/> <b>Miscellaneous swabs:</b>
<b>Location:</b>
<input type="checkbox"/> <b>Pubic hair combings</b>
<input type="checkbox"/> <b>Perineal Swabs: Number of swabs: _____ collected</b>
<input type="checkbox"/> <b>Photo documentation</b> of genital injuries
<input type="checkbox"/> Colposcope
<input type="checkbox"/> Digital Camera
<input type="checkbox"/> "Polaroid" Camera
<input type="checkbox"/> <b>Toluidine</b> procedure completed, and additional documentation.
<input type="checkbox"/> <b>Vaginal exam &amp; swabs:</b> 4 swabs collected
<input type="checkbox"/> Vaginal Speculum exam
<input type="checkbox"/> <b>Penile exam &amp; swabs:</b> 4 swabs collected
<input type="checkbox"/> <b>Anal exam &amp; swabs:</b> 4 swabs collected
<input type="checkbox"/> Anoscope exam
<input type="checkbox"/> <b>Swab evidence collection</b>
<input type="checkbox"/> Swabs were dried for a minimum of 60 minutes.
<input type="checkbox"/> <b>Completed Patient Information and Sexual Assault History Form</b> included in kit
<input type="checkbox"/> <b>Kit Sealed</b> – with all specimens, closed kit, and affixed seals to secure box
<input type="checkbox"/> <b>Chain of Custody;</b> was maintained with all evidence in the possession of the examiner until:
<input type="checkbox"/> Signed over to:
<input type="checkbox"/> <b>Complete information and "Chain of Evidence" on top of kit and signed over to Officer</b>
<input type="checkbox"/> <b>Medications given:</b>
<input type="checkbox"/> <b>Offer HIV/STD/other counseling referrals</b>
<input type="checkbox"/> <b>Give patient feedback form with discharge instructions</b>
<input type="checkbox"/> <b>Dryer and/or colposcope cleaned after procedure</b>
<input type="checkbox"/> <b>ED Physician Evaluation :</b> <input type="checkbox"/> <b>Name of Provider:</b>
<input type="checkbox"/> Additional medical diagnostic test done.
<input type="checkbox"/> Labs
<input type="checkbox"/> X-rays

**Impressions:**

**Victim Notification form given to patient**

**Patient released to:**

**Disposition:**     Home                       Transfer to ED at:

Admitted:

**Condition:**     Good                       Satisfactory                       Guarded

**Copy of Sexual Assault Forensic Exam Summary to Law Enforcement.**

Printed Name:

Signature: