

# PHYSICAL APPEARANCE & WOUND DOCUMENTATION

Form 4

Commonwealth of Massachusetts Sexual  
Assault Evidence Collection Kit

AFFIX BARCODE LABEL HERE ON BOTH WHITE AND  
YELLOW COPIES

PATIENT LABEL

Record the patient's general physical appearance and demeanor:

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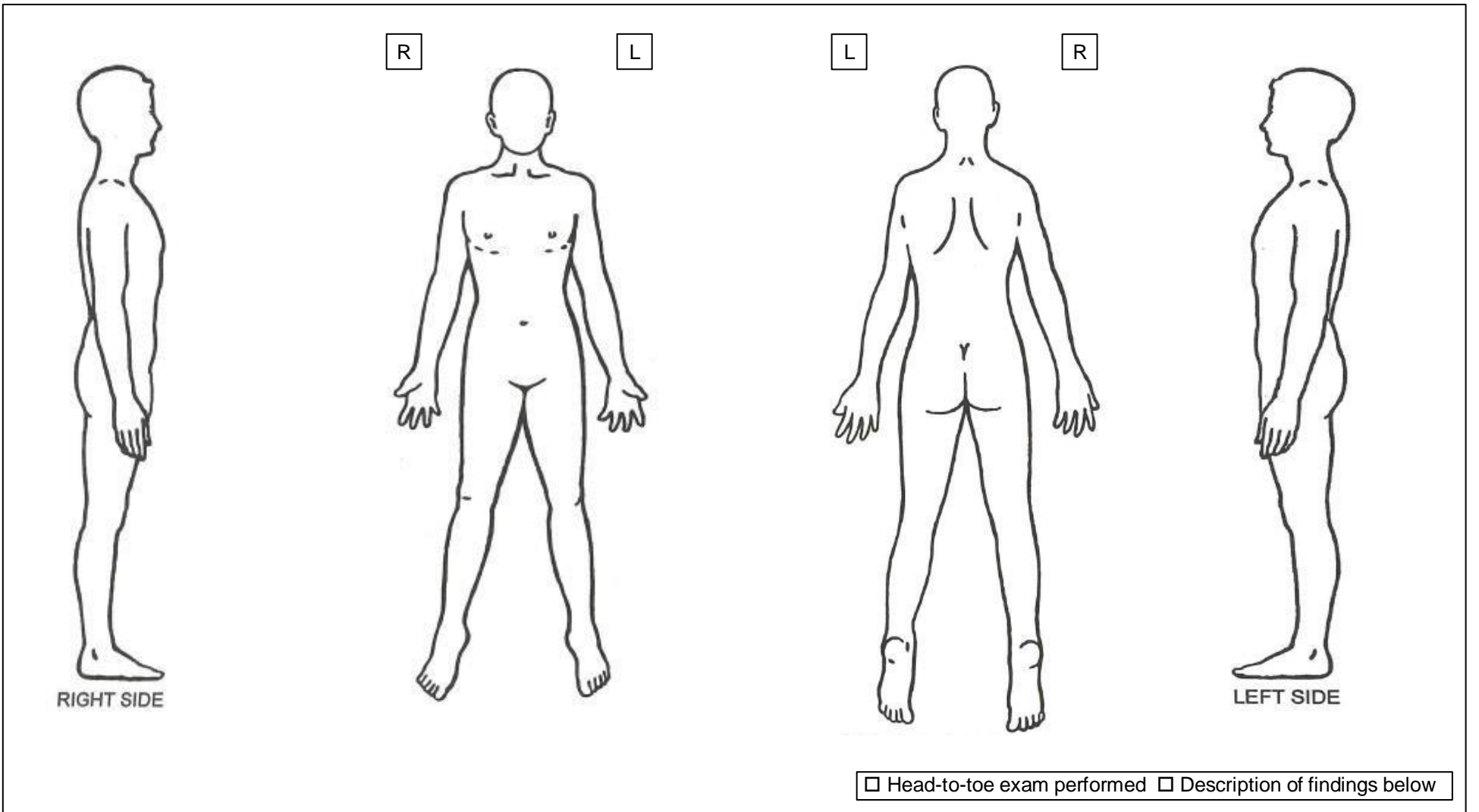
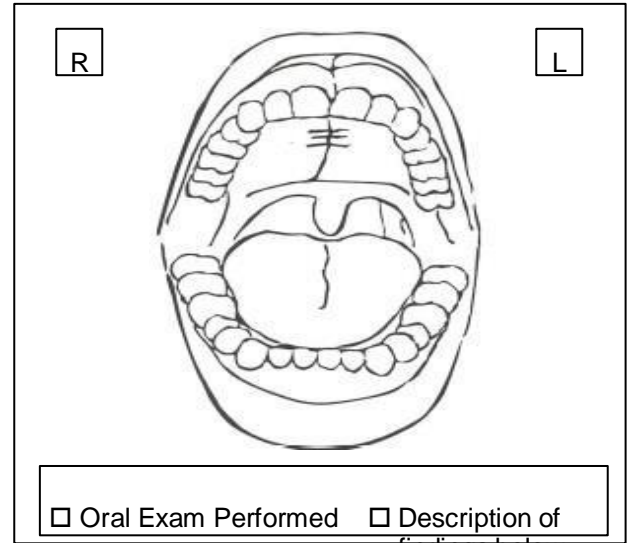
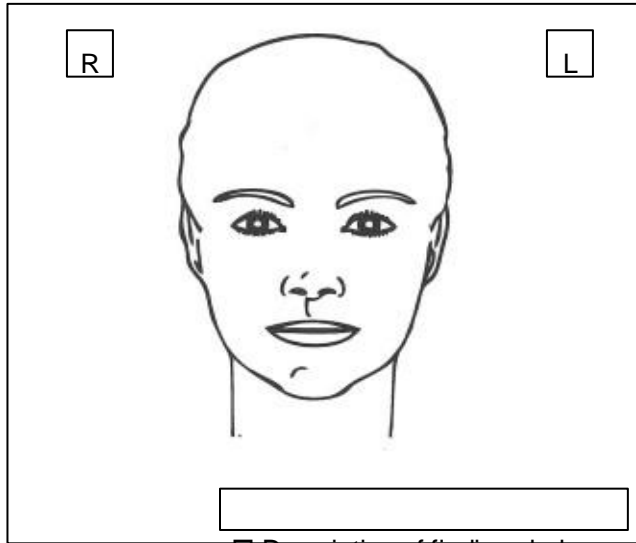
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**Draw each observed, reported or suspected injury on the diagrams above. Draw a line to each injury and number each line. Use the table below to write a full description of the injury. For examples, please see kit instructions.**

Injury Legend:			
AB	Abrasion	BU	Burn
BI	Bite Mark	DF	Deformity
BR	Bruise	ER	Erythema/Redness
		FB	Foreign Body
		IW	Incised Wound
		LA	Laceration
		PA	Pain
		PT	Petechiae
		SI	Suction Injury
		SW	Swelling
		TE	Tenderness
		OF	Other Finding (describe)

Location # on diagram	Type(s)-use legend	Please provide a description of each injury indicated in the diagrams above (include size, appearance and affected structure)	Photo Y/N
Total Number of Photos taken during evidence collection including long and medium range photos			

Printed name of Medical Provider or SANE \_\_\_\_\_ Signature of Medical Provider or SANE \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_