

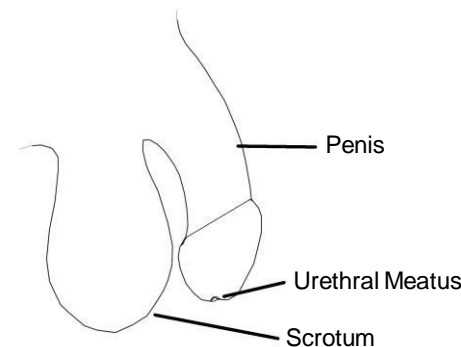
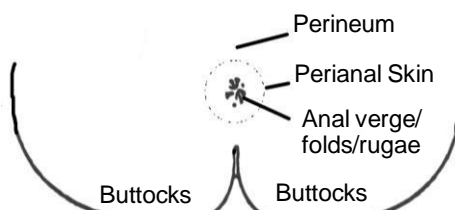
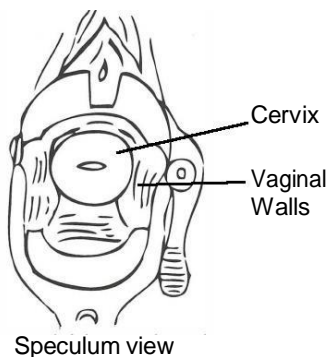
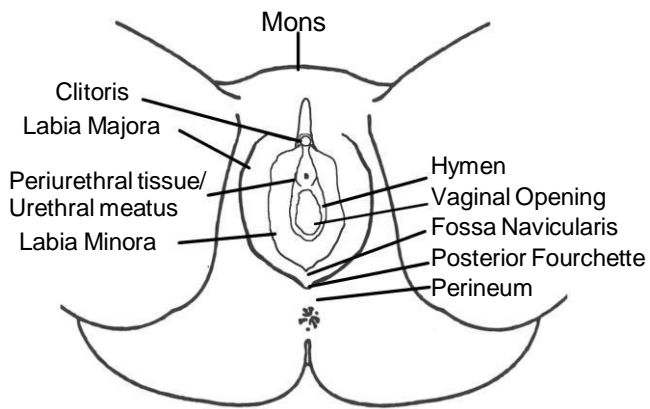
GENITAL AND ANAL EXAM

Form 5
Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

AFFIX BARCODE LABEL HERE
ON BOTH WHITE AND YELLOW COPIES

PATIENT LABEL

DO NOT DRAW INJURIES ON THE LABELED DIAGRAMS, DRAW INJURIES ON THE BLANK DIAGRAMS. RECORD DESCRIPTIONS IN THE TABLE BELOW



Please indicate each structure that was visualized during the exam. If unable to visualize or examine a structure that is applicable to the patient, please note in "additional comments" below.

<input type="checkbox"/> Mons Pubis	<input type="checkbox"/> Labia minora	<input type="checkbox"/> Cervix	<input type="checkbox"/> Perineum	<input type="checkbox"/> Penis
<input type="checkbox"/> Clitoris	<input type="checkbox"/> Hymen	<input type="checkbox"/> Vaginal Walls	<input type="checkbox"/> Perianal Skin	<input type="checkbox"/> Urethral Meatus of Penis
<input type="checkbox"/> Labia Majora	<input type="checkbox"/> Fossa Navicularis	<input type="checkbox"/> Vaginal Opening	<input type="checkbox"/> Anal verge/folds/	<input type="checkbox"/> Scrotum
<input type="checkbox"/> Periarethral tissue/Urethral meatus	<input type="checkbox"/> Posterior Fourchette	<input type="checkbox"/> Buttocks		

EXAM DONE WITH	YES	NO	N/A	Provider Initials
Direct Visualization				
Speculum Exam				
Anoscope Exam				

Draw each observed, reported or suspected injury on the unlabeled diagram. 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.

R
L

Position Used: _____

Description of findings below
 Structures not applicable to patient

R
L

Lithotomy
 Other: _____

Description of findings below
 Structures not applicable to patient

R
L

Is the patient circumcised?
 Yes No

Description of findings below
 Structures not applicable to patient

R
L

Position Used:
 Lithotomy
 Other: _____

Description of findings below

Injury Legend:

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

Additional Comments:

		Date: ___/___/___
Printed name of Medical Provider or SANE	Signature of Medical Provider or SANE	
		Date: ___/___/___
If applicable, print additional medial provider name/title	Signature of additional medical provider	Portion of exam done