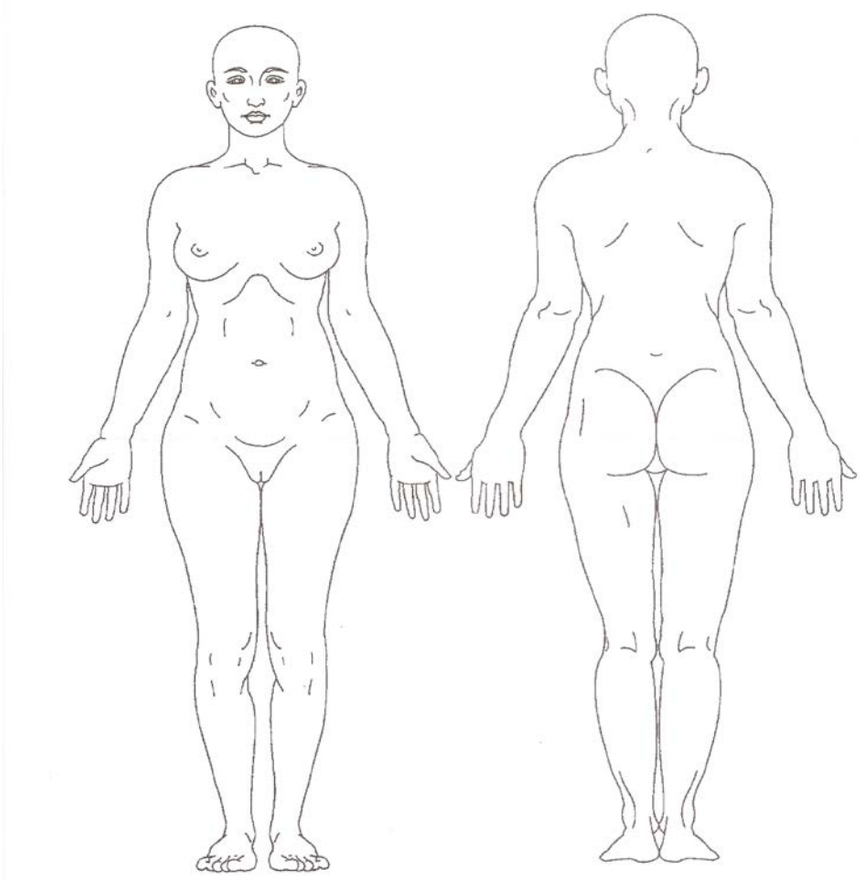
STEP 13 (*PAGE 1*) MEDICAL/FORENSIC EXAMINATION FORM
FEMALE BODY DIAGRAM

Patient label:

Kit number #: _____

Please number findings on the body map with descriptors below.



Number	*Description (e.g.,: Purple round bruise on right lateral wrist measuring .5cm x .5cm)*

_____ _____

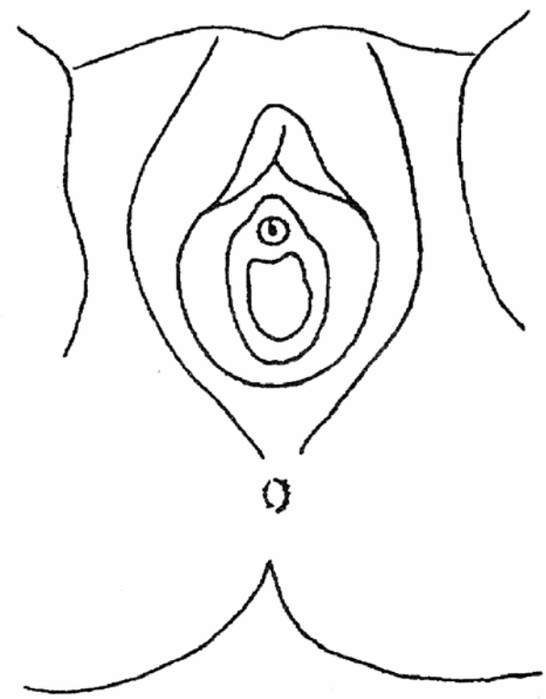
Date Signature of Examiner

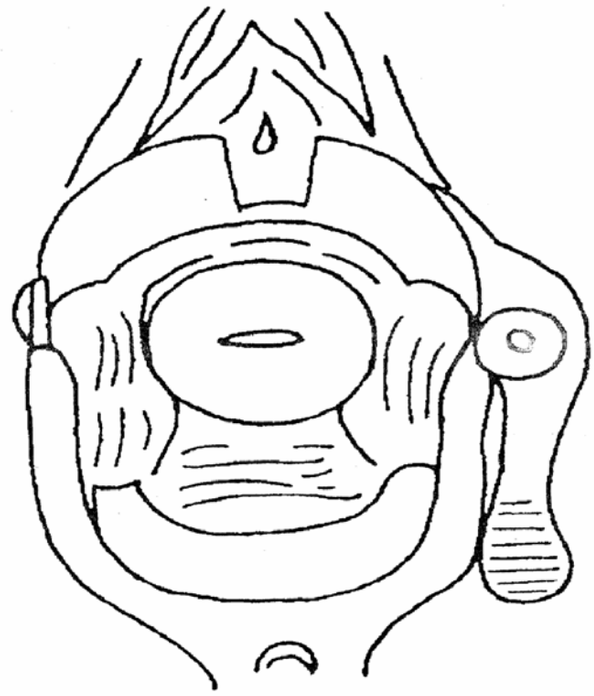
Retain for medical records

STEP 13 (*PAGE 2*) MEDICAL/FORENSIC EXAMINATION FORM
FEMALE GENITAL EXAM

Kit Number #:_____

Patient label:





FEMALE EXAMINATION:
Tanner Stage Breast _____ Tanner Stage Pubic Hair _____

EXTERNAL GENITALIA:
Labia Majora _____
Clitoral hood & clitoris _____
Labia Minora _____
Fossa Navicularis _____
Posterior fourchette/commissure_____
Urethral meatus_____
Hymen_____
Indicate by checkmark visualization adjunct used:
- ☐ Foley catheter balloon technique (pubertal only)
- ☐ Toluidine Blue Dye
- ☐ Colposcopy
- ☐ Other _____

OTHER ANO-GENITAL STRUCTURES:
Vagina _____
Cervix _____
Adnexa _____
Anus _____
Rectum_____
Perineum_____

Were photographs/video taken by examiner? ☐ Yes ☐ No How many? _____

What were photos taken of? ☐ Body Surface ☐ Genital

_____ _____
Date Signature of Examiner

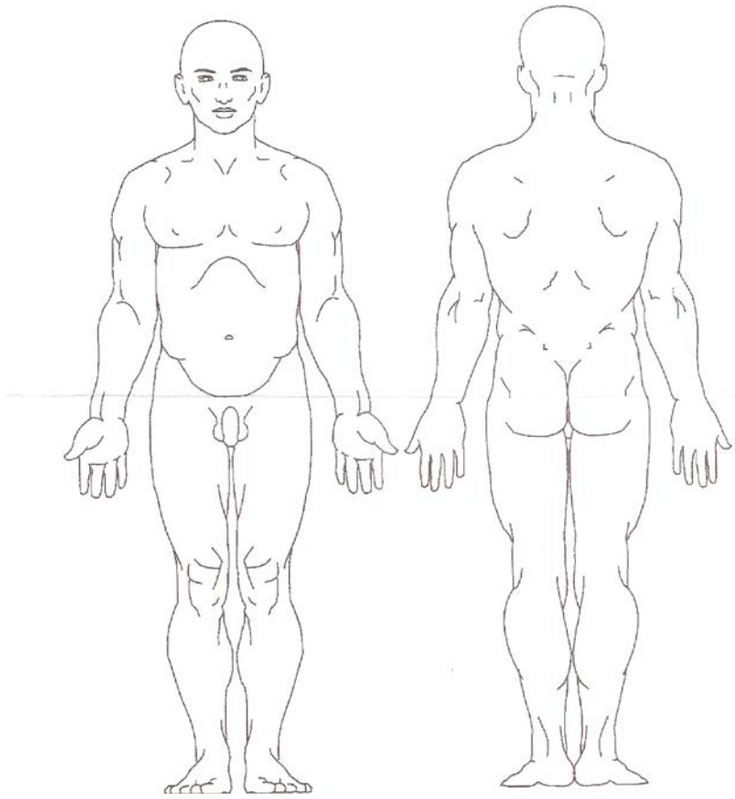
Retain for medical records

STEP 13 (*PAGE 1*) MEDICAL/FORENSIC EXAMINATION FORM
MALE BODY DIAGRAM

Patient label:

Kit number #: _____

Please number findings on the body map with descriptors below.



Number	*Description (e.g., Purple round bruise on right lateral wrist measuring .5cm x .5cm)*

_____ _____

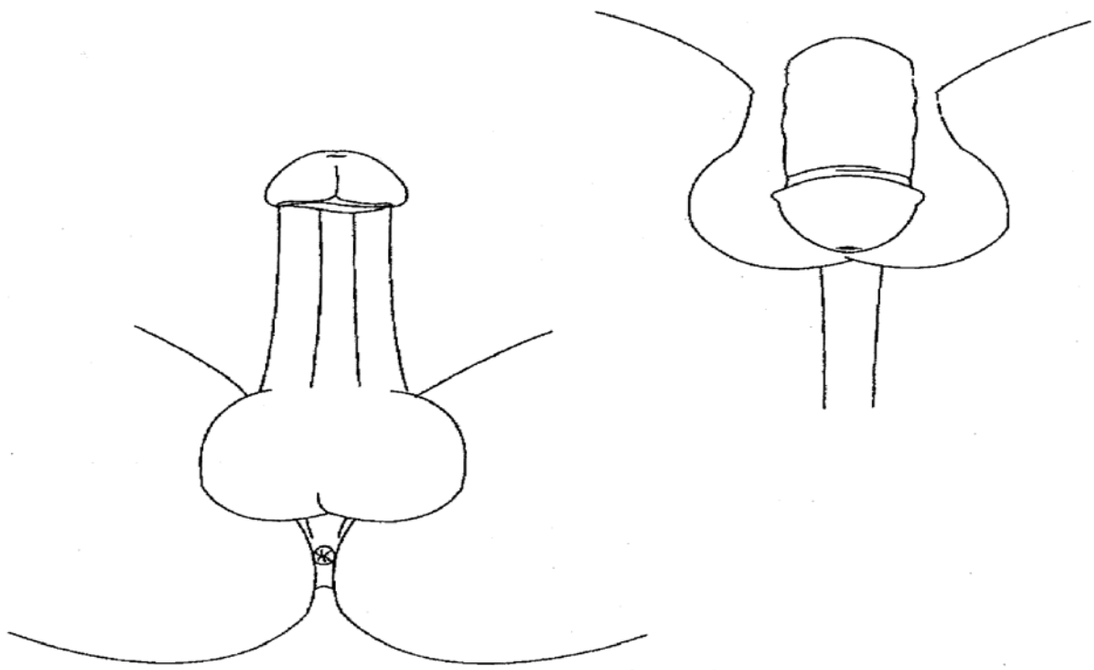
Date Signature of Examiner

Retain for medical records

STEP 13 (*PAGE 2*) MEDICAL/FORENSIC EXAMINATION FORM
MALE GENITAL DIAGRAM

Kit number #: _____

Patient label:



MALE EXAMINATION:
Tanner Stage Pubic Hair ____ Tanner stage Genitalia _____

PENIS:
Glans _____
☐Circumcised ☐Uncircumcised

Shaft _____
Urethral Meatus _____
Scrotum _____
Testicles _____
Perineum_____
Anus_____
Rectum_____

Indicate by checkmark visualization adjunct used:
☐Toluidine Blue Dye
☐Other _____

Were photographs taken by examiner? ☐Yes ☐No How Many _____

What were photos taken of? ☐Body Surface ☐ Genital

_____ _____
Date Signature of Examiner

Retain for medical records