

State of California
California Emergency Management Agency

FORENSIC MEDICAL REPORT: SEXUAL ASSAULT SUSPECT EXAMINATION

CAL EMA 2-950



For more information or assistance in completing the CAL EMA 2-950, please contact
California Clinical Forensic Medical Training Center at:
(916) 930-3080 or www.ccfmtc.org

This form is also available on the following website:
www.calema.ca.gov

**FORENSIC MEDICAL REPORT:
SEXUAL ASSAULT SUSPECT EXAMINATION**

**STATE OF CALIFORNIA
CALIFORNIA EMERGENCY MANAGEMENT AGENCY**

CaIEMA 2-950

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 (W) (H)	
3. Age	DOB	Gender M F	Ethnicity	Date/time of arrival	Date/time of discharge

B. AUTHORIZATION Jurisdiction (city county other):

1. Name of Law Enforcement Officer	Agency	ID Number	Telephone
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2. I request a forensic medical examination for suspected sexual assault at public expense.

Law enforcement officer signature	Date	Time	Case number
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C. MEDICAL HISTORY

1. Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings? No Yes
If yes, describe: _____

2. Any other pertinent medical condition(s) that may affect the interpretation of current physical findings? No Yes
If yes, describe: _____

3. Any pre-existing physical injuries? No Yes
If yes, describe: _____

D. RECENT HYGIENE INFORMATION Not applicable if over 72 hours

	No	Yes		No	Yes
Urinated	<input type="checkbox"/>	<input type="checkbox"/>	Bath/shower/wash	<input type="checkbox"/>	<input type="checkbox"/>
Defecated	<input type="checkbox"/>	<input type="checkbox"/>	Brushed teeth	<input type="checkbox"/>	<input type="checkbox"/>
Genital or body wipes	<input type="checkbox"/>	<input type="checkbox"/>	Ate or drank	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe: _____			Changed clothing	<input type="checkbox"/>	<input type="checkbox"/>
Oral gargle/rinse	<input type="checkbox"/>	<input type="checkbox"/>	If yes, describe: _____		

E. GENERAL PHYSICAL EXAMINATION

1. Blood Pressure	Pulse	Respiration	Temperature	2. Date/Time of Examination	
				Started	Completed
3. Height	Weight	Hair color	Eye color	<input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed	

4. Describe general physical appearance

5. Describe general demeanor

6. Describe condition of clothing upon arrival.

7. Collect outer and under clothing, if indicated. Not indicated

DISTRIBUTION OF CaIEMA 2-950

Original - Law Enforcement Copy within evidence kit - Crime Lab Copy - Medical Facility Records

CaIEMA 2-950 1 07/01/01

E. GENERAL PHYSICAL EXAMINATION

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

- 8. Conduct a physical examination. Record scars, tattoos, skin lesions, and distinguishing physical features. Findings No Findings
- 9. Collect dried and moist secretions, stains, and foreign materials from the body. Scan the entire body with a Wood's Lamp. Findings No Findings
- 10. Collect fingernail scrapings or cuttings according to local policy.
- 11. Collect chest hair reference samples according to local policy.

Patient Identification

Diagram A

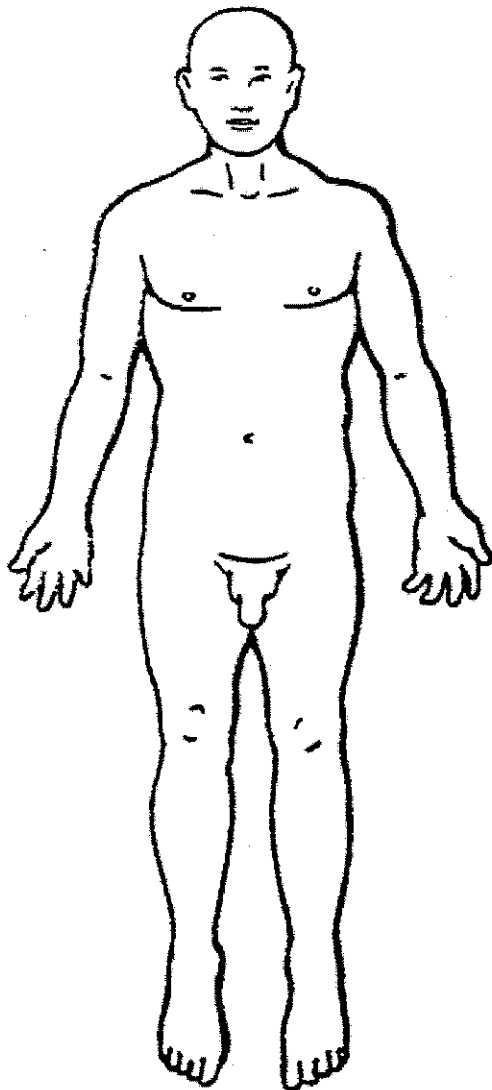
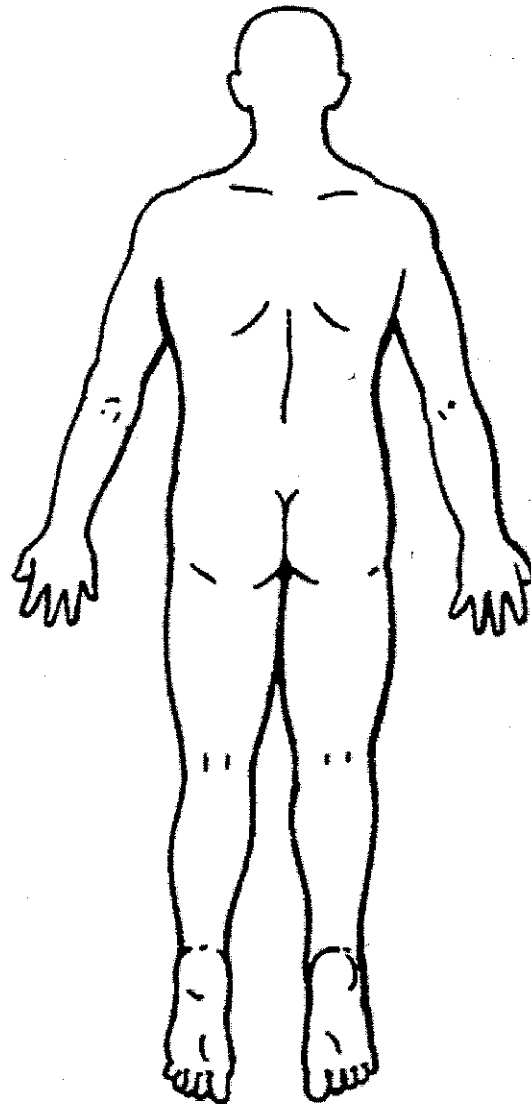


Diagram B



LEGEND: Types of Findings

AB Abrasion	DE Debris	F/H Fiber/hair	OF Other Foreign Materials	SC Scars	TA Tattoos
BI Bite	DF Deformity	IN Induration	(describe)	SHX Sample Per History	TB Toluidine Blue⊕
BP Body Piercing	DS Dry Secretion	IW Incised Wound	OI Other Injury (describe)	SI Suction Injury	TE Tenderness
BU Burn	EC Ecchymosis (bruise)	LA Laceration	PE Petechiae	SW Swelling	V/S Vegetation/Soil
CS Control Swab	ER Erythema (redness)	MS Moist Secretion	PS Potential Saliva		WL Wood's Lamp⊕

Locator #	Type	Description	Locator #	Type	Description

F. HEAD, NECK, AND ORAL EXAMINATION

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

1. Examine the face, head, hair, scalp, and neck for injury and foreign materials. Findings No Findings
2. Collect dried and moist secretions, stains, and foreign materials from face, head, hair, scalp, and neck.
 Findings No Findings
3. Examine the oral cavity for injury and foreign materials (if indicated by assault history). Collect foreign materials.
Exam done: Not applicable Yes Findings No Findings
4. Collect 2 swabs from the oral cavity up to 12 hours post assault and prepare one dry mount slide from one of the swabs.
5. Collect head and facial hair reference samples according to local policy.

Patient Identification

Diagram C

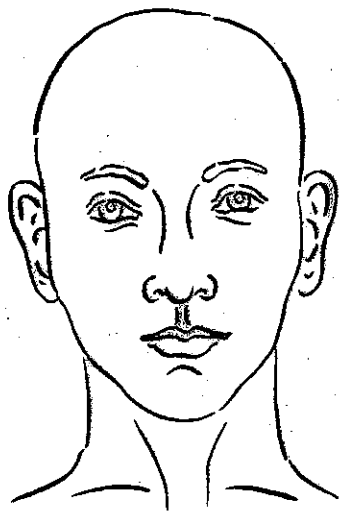


Diagram D

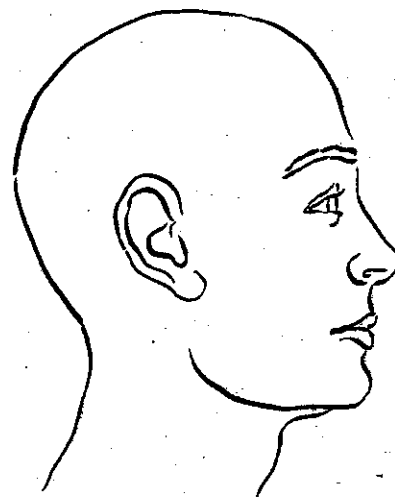


Diagram E

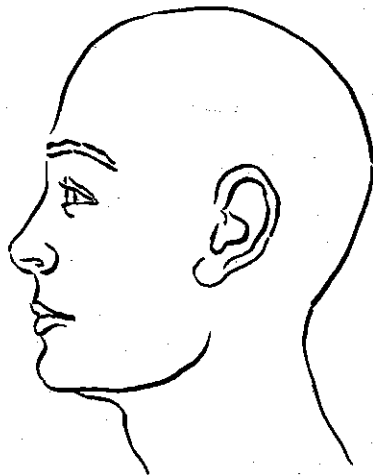
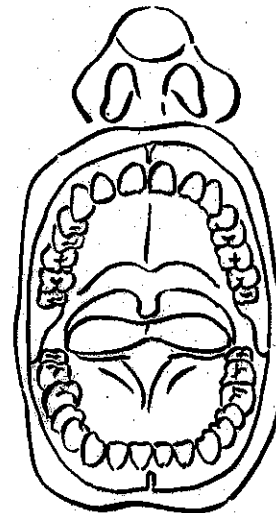


Diagram F



LEGEND: Types of Findings

AB Abrasion	DE Debris	F/H Fiber/hair	OF Other Foreign Materials (describe)	SC Scars	TA Tattoos
BI Bite	DF Deformity	IN Induration	OI Other Injury (describe)	SHX Sample Per History	TB Toluidine Blue⊕
BP Body Piercing	DS Dry Secretion	IW Incised Wound	PE Petechiae	SI Suction Injury	TE Tenderness
BU Burn	EC Ecchymosis (bruise)	LA Laceration	PS Potential Saliva	SW Swelling	V/S Vegetation/Soil
CS Control Swab	ER Erythema (redness)	MS Moist Secretion			WL Wood's Lamp⊕

Locator #	Type	Description	Locator #	Type	Description

G. GENITAL EXAMINATION

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

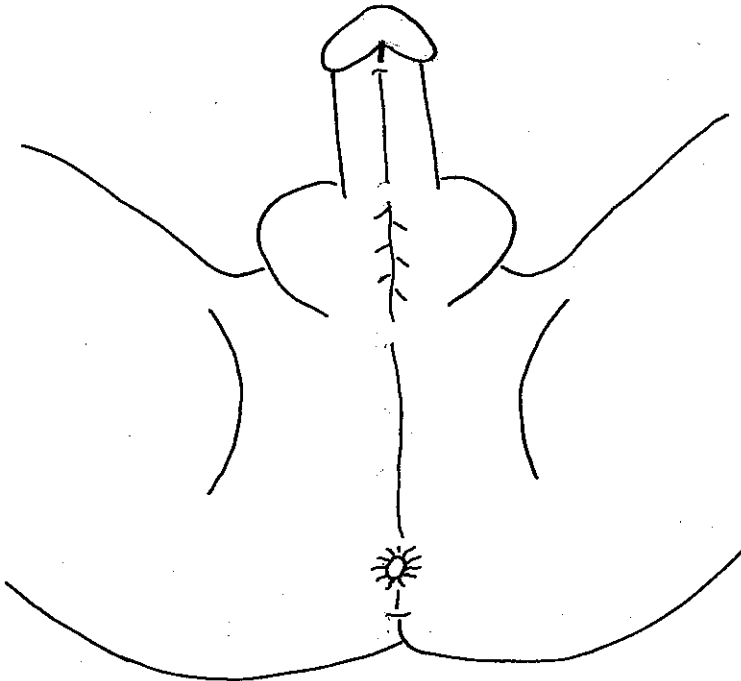
1. Examine the inner thighs, external genitalia, and perineal area. Check the box(es) if there are assault related findings:

- No Findings
- Inner thighs Glans penis Scrotum
- Perineum Penile shaft Testes
- Foreskin Urethral meatus

- 2. Circumcised No Yes
- 3. Collect dried and moist secretions, stains, and foreign materials. Scan the area with a Wood's Lamp. Findings No Findings
- 4. Collect pubic hair combing or brushing.
- 5. Collect pubic hair reference samples according to local policy.
- 6. Collect 2 penile swabs, if indicated by assault history. N/A
- 7. Collect 2 scrotal swabs, if indicated by assault history. N/A
- 8. Record other findings per history. No Yes

If yes, describe:

Diagram G



Patient Identification

Diagram H

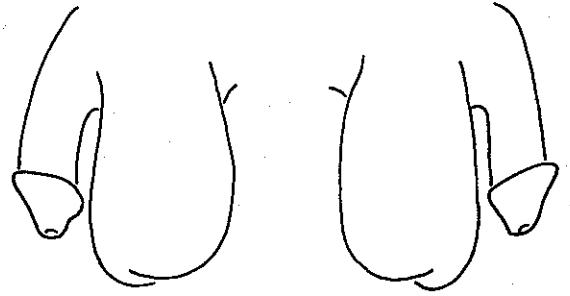


Diagram I

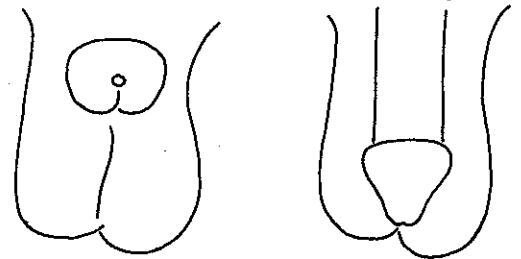
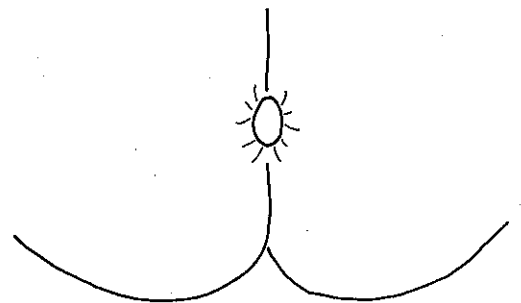


Diagram J



LEGEND: Types of Findings

AB Abrasion	ER Erythema (redness)	PE Petechiae	V/S Vegetation/Soil
BI Bite	F/H Fiber/Hair	PS Potential Saliva	WL Wood's Lamp⊕
BP Body Piercing	IN Induration	SC Scars	
BU Burn	IW Incised Wound	SHX Sample Per History	
CS Control Swab	LA Laceration	SI Suction Injury	
DE Debris	MS Moist Secretion	SW Swelling	
DF Deformity	OF Other Foreign	TA Tattoos	
DS Dry Secretion	Materials (describe)	TB Toluidine Blue⊕	
EC Ecchymosis (bruise)	OI Other Injury (describe)	TE Tenderness	

Locator #	Type	Description

