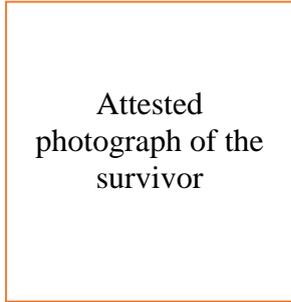


Medical Report & Examination Form for Male Survivor



1. General Information

1.1 Survivor Registration No.: _____

1.2 Name of the Office referred for examination (with letter reference No. and Date):

1.3 Name of the hospital/health facility: _____

1.4 Name of the accompanying Police Personnel: _____

2. Details about the examinee

2.1. Name (To be confidential):

2.2. Age: _____ 2.3 Sex: Male Female Transgender

2.4 Education:

2.5 Address: _____

2.6 Current marital status: Unmarried Married Divorced/Separated

2.7 Religion/Ethnicity: _____

2.8 Guardian's Name and relation (in case of minors): _____

2.9 Date and time of examination: _____

2.10 Male Attendants Name/address: _____

2.11 Marks of identification:

a) _____ b) _____

Examiner's initial: _____ Date: _____

Thumb Impression

Right	Left

3. History of incident

3.1 Brief History of the incident, as stated by survivor/patient or guardian (How, When, Where and what had happened?) If more space is required, please attach an additional sheet.

3.2 Medical history (Medical and Psychological history including past medical history): If more space is required, please attach an additional sheet.

3.3 Time of incident: Morning Evening/Night Unknown

Exact time (if known) _____

3.4 Location of incident:

- Survivor's home Perpetrator's home Educational Institute Workplace
 Hotel or guest house Public area (Field, Road side, Forest, etc.)
 Others (Please specify) _____

3.5 Type of Violence:

- Sexual violence Physical violence Child marriage
 Psychological violence
 Others (please specify) _____

3.6 Does the survivor have previous history of GBV? Was the incident reported?

- No Yes, please specify

Examiner's initial: _____ Date _____

Thumb Impression

Right	Left

3.7 Description of clothing/belongings:

3.7.1 Clothing changed? Yes No

3.7.2 Clothes washed? Yes No

3.7.3 Findings on Clothing Tears Scratches Stains Foreign Materials

(Please describe the clothing with the findings in detail)

4. Information about the perpetrator

Number of alleged perpetrator(s) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More than 3 <input type="checkbox"/> Unknown	Alleged perpetrator relationship with survivor		
Alleged perpetrator (s) sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Intimate partner/former partner/spouse <input type="checkbox"/> Primary care giver <input type="checkbox"/> Family members/relatives <input type="checkbox"/> Supervisor /employer/ colleague <input type="checkbox"/> Teacher/school official <input type="checkbox"/> Service provider <input type="checkbox"/> Land Lord	<input type="checkbox"/> School mate <input type="checkbox"/> Family friend /neighbor <input type="checkbox"/> Other resident/community member <input type="checkbox"/> Other (specify) <input type="checkbox"/> No relation <input type="checkbox"/> Unknown	
	Occupation of alleged perpetrator		
Age <input type="checkbox"/> Below 18 years <input type="checkbox"/> 18 & above <input type="checkbox"/> Unknown	<input type="checkbox"/> Security forces <input type="checkbox"/> Farmer <input type="checkbox"/> Teacher <input type="checkbox"/> NGO/ UN staffs <input type="checkbox"/> Health worker	<input type="checkbox"/> Government staff <input type="checkbox"/> Community leader <input type="checkbox"/> Religious leader <input type="checkbox"/> Service provider	<input type="checkbox"/> Transport employer <input type="checkbox"/> Unemployed <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify): _____

Examiner's initial: _____ Date _____

Thumb Impression:

Right	Left

5. Physical examination

5.1 General physique and vitals:

Height: _____ Weight: _____ Pulse: _____

B.P: _____ Temperature: _____ Respiratory rate: _____

Any disability: _____

5.2 Injuries on the bodies (Type, Size, Site, Color, Surrounding area, Signs of treatment, bleeding, Sign of healings, any Imprints etc.) Please use the figure provided to depict the injuries as best as possible:

5.3 Bite marks: (enclose photos, taken with survivor’s consent if possible) _____

--

5.4 Conditions of pubic hair (Matted, stained, any foreign hairs): _____

--

5.5 Oral cavity:

The mouth should be inspected carefully, checking for bruising, abrasions and lacerations of buccal mucosa. Petechae on the hard/ soft palate may indicate penetration. Check for a torn frenulum and broken teeth. Collect an oral swab, if indicated.

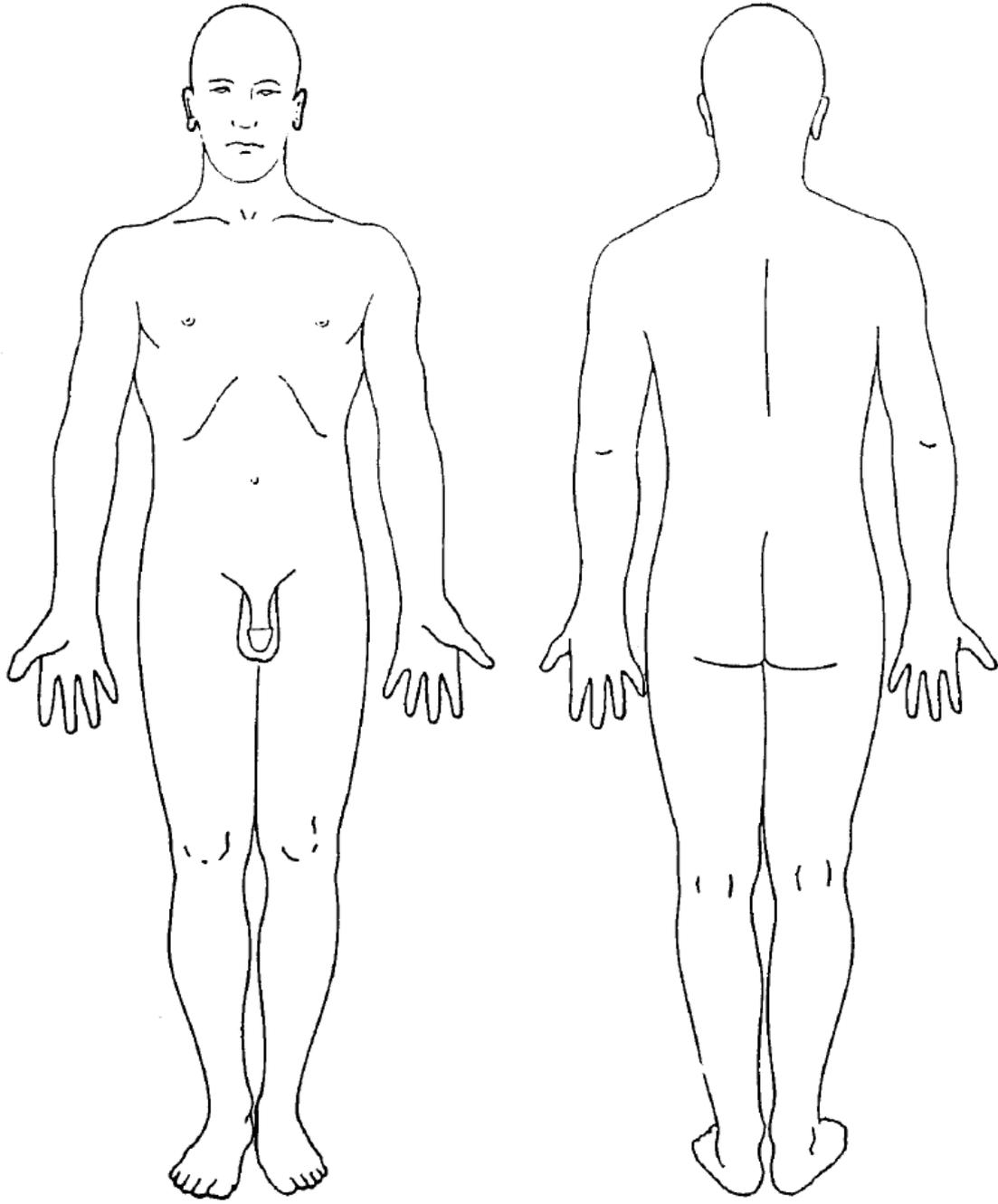
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Examiner’s initial: _____

Date: _____

Thumb Impression:

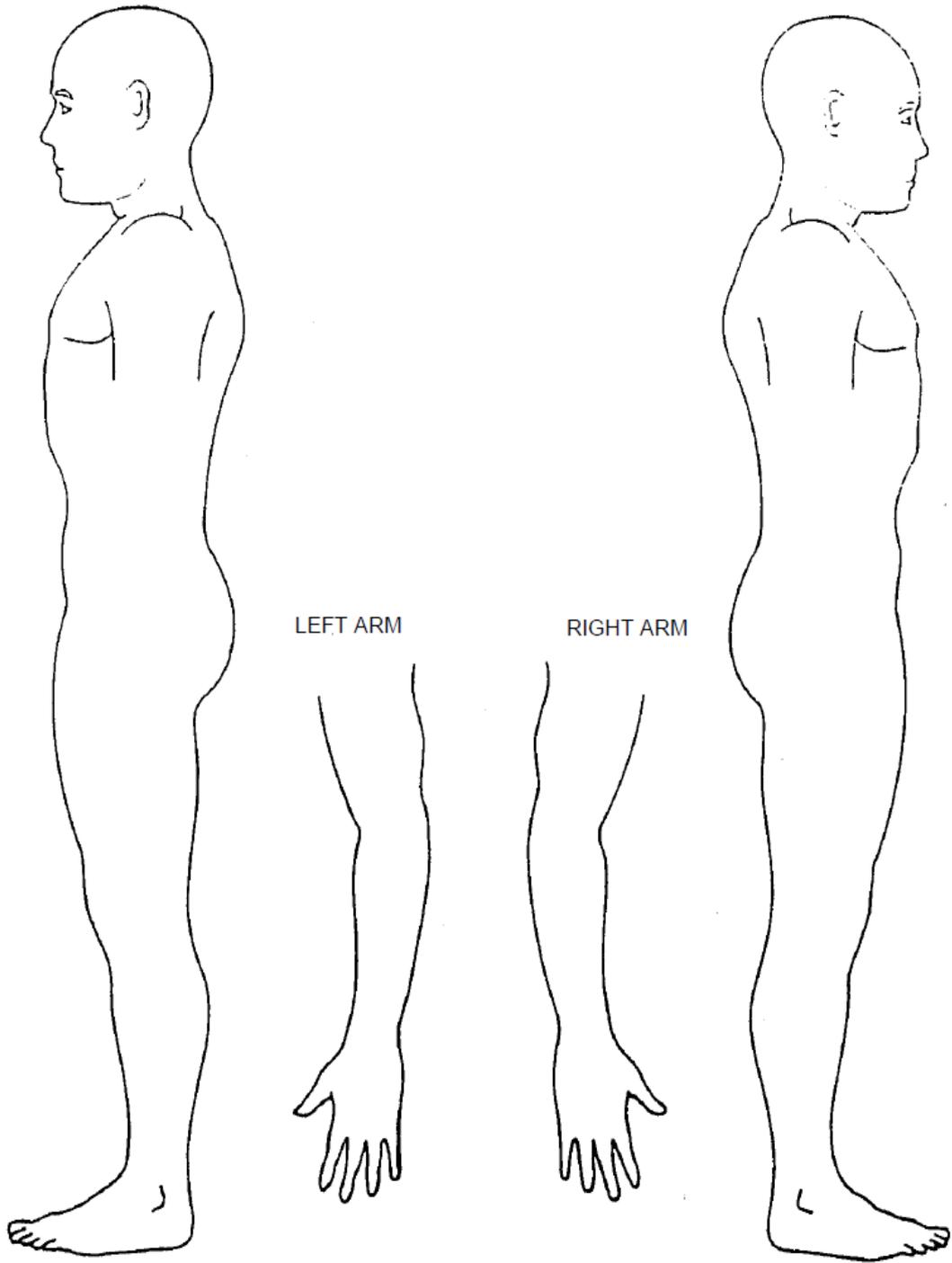
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Examiner's initial: _____ Date: _____

Thumb Impression

Right	Left



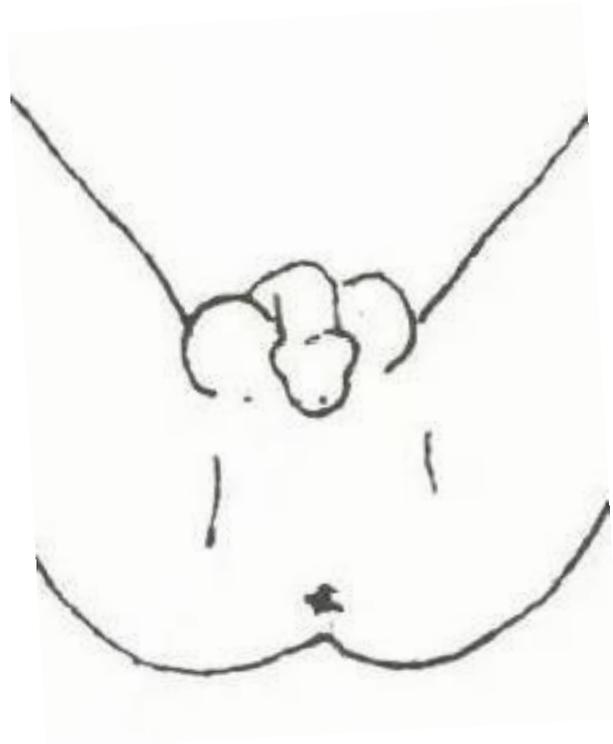
Examiner's initial: _____ Date: _____

Thumb Impression

Right	Left

5.6 Genital injuries (Name, size, site, color, surrounding area, sign of treatment, bleeding, sign of healings, imprints, any content, stain and discharge etc.) Please use the figure provided to depict the injuries as best as possible: (If more space is needed, please attach additional pages)

Perineum:	_____
Penis:	_____
Scrotum:	_____
Perianal area and anal orifice:	_____



Examiner's initial: _____ Date: _____

Thumb Impression

Right	Left

5.7 Specimen preserved for further analysis:

(a) **Blood:** Collected Not Collected, please explain why not! _____

Purpose of collection (Alcohol, drugs, HIV, VDRL, HbsAg, TPHA, DNA identification etc.) _____

(b) **Urine:** Collected Not Collected, please explain why not! _____

Purpose of collection (Intoxication/pregnancy) _____

(c) **Swab from stains:** Collected Not Collected, please explain why not! _____

Purpose of collection (identification of semen or any others) _____

(d) **Foreign materials:** Collected Not Collected, please explain why not! _____

Purpose of collection (identification of materials as evidence) _____

(e) **Hair from examinee:** Collected Not Collected, please explain why not! _____

Purpose of collection (DNA analysis) _____

(f) **Nail scrapings:** Collected Not Collected, please explain why not! _____

Purpose of collection _____

(g) **Others:** _____ Purpose of collection _____

5.8 Specimen sent to: _____

5.9 Specimen analyzed in the same hospital? Yes No

5.10 Investigation and reports: Please specify: (Blood, Urine, X-ray, USG, DNA profiling and other required investigations) _____

Examiner's initial: _____

Date: _____

Thumb Impression

Right	Left

6. Treatment:

6.1. Primary Care and Referral

6.2. Prophylaxis and treatment of Sexually Transmitted Diseases

6.3. Post Exposure Prophylaxis of HIV

6.4. Psycho-social care and support

7. Referral (Where and Why?):

8. Follow up visits suggested on: (2 weeks, 1month, 3 month and 6 month)

9. Opinions

<p>Opinion of the expert: (While framing opinion the examiner should analyze her mental status, possible causation of injuries and their time of infliction, age estimation in case of minors or teenagers and general condition of the examinee. If there are signs of alleged sexual activities matching with history also should be verified while framing opinion. In case of complete negative findings in survivor/patient the examiner cannot declare that the alleged incident did not take place, should not write... 'it seems to be or suggestive of.....').</p>

Examiner's initial: _____ Date: _____

Thumb Impression

Right	Left

(a) Opinion about mental status of the survivor

(b) Opinion about the injuries on body:

(c) Opinion about the condition of genital organs:

Name of the Examiner: _____ Qualification: _____

Signature: _____ BMDC Reg. No.: _____

Office/Hospital/Health Centre: _____

Seal of the Hospital/Health Centre: _____

Date: _____

Thumb Impression

Right	Left

Note

- Report should be prepared by doctor/physician who conducts the examination.
- The report should be clear and understandable and original copy of the report should be submitted.
- Separate sheet of paper should be used, if the space allocated for description in the form is inadequate.