

STEP 1.

**CONSENT TO SEXUAL ASSAULT EXAMINATION
AND COLLECTION OF EVIDENCE**

I, _____ consent to a medical/forensic sexual assault examination and the collection of evidentiary items as indicated below. The nature and purpose of the examination have been explained to me. I understand that I have the right to decline any portion of the examination. I also understand that declining any portion of the examination may prevent prosecution of a criminal case at a later date. I understand that the sexual assault examination will involve a physical examination of my body, the photographing of any injuries or trauma and the collection of possible evidence. I understand the information provided to me and my consent as indicated below, is voluntarily given. I understand that this authorization is voluntary and that I may decline to sign this authorization. I also understand that declining to sign will not affect my eligibility for insurance benefits or enrollment, payment for or coverage of services, or ability to obtain treatment.

This document evidences my consent that the _____ release
(Entity where Examination Conducted)

- the collected evidence,
 - photographs
 - and sexual assault report form
- and the following other items:

Medical Reports re:

- Limited to Documentation of Physical Injuries and Treatment
- X-rays, MRI's
- Other _____

to _____. That agency is further authorized to submit information to the Wyoming State
(Law Enforcement Agency)
Crime Laboratory or their designated agent for the purpose of conducting examinations and testing.

This release further authorizes _____ and any assisting individual within
(Examiner's Name)
the chain of custody to testify regarding the forensic sexual assault examination, collection of evidence and other findings made in the course of the forensic examination, if requested as a part of a criminal prosecution relating to this examination.

This authorization shall remain in full force and effect for such time as the investigation and/or prosecution continues, unless otherwise revoked by me in writing.

DATED THIS _____ DAY OF _____, 20____.

WITNESSED BY:

(EXAMINER)

(PATIENTS SIGNATURE)

(SITE OF EXAMINATION)

STEP 1. CONSENTIMIENTO A LA EXAMINACIÓN DE LA AGRESIÓN SEXUAL Y A LA COLECCIÓN DE EVIDENCIA

(CONSENT TO SEXUAL ASSAULT EXAMINATION AND COLLECTION OF EVIDENCE)

Yo, _____ consentimiento a un médico o un examen forense de asalto sexual y la recolección de elementos de prueba como se indica a continuación. La naturaleza y el propósito del examen se han explicado a mí. Entiendo que tengo el derecho de rechazar cualquier parte del examen. También entiendo que el descenso de cualquier parte del examen puede impedir el enjuiciamiento de una causa penal en una fecha posterior. Entiendo que el examen de asalto sexual implica un examen físico de mi cuerpo, las fotografías de cualquier lesión o trauma y la obtención de pruebas posible. Entiendo que la información proporcionada a mí ya mi consentimiento, como se indica a continuación, es dado voluntariamente. Entiendo que esta autorización es voluntaria y que puede negarse a firmar esta autorización. También entiendo que la disminución a firmar no afectará mi elegibilidad para beneficios del seguro o la inscripción, el pago o la cobertura de los servicios, o la habilidad para obtener tratamiento.

Este documento evidencia mi consentimiento para que la liberación _____
(Entidad donde examen realizado)

- las pruebas recogidas,
- fotografías
- y la forma de asalto sexual informe y los otros elementos siguientes:

Informes médicos de nuevo:

- Limita a la documentación de las lesiones físicas y Tratamiento
- Los rayos X, resonancia magnética
- Otros _____

to _____. Esa agencia también está autorizado a enviar información a el estado de _____
(Agencia de Aplicación de la ley)
Wyoming del Delito de laboratorio o su agente designado para llevar a cabo los exámenes y pruebas.

Este comunicado autoriza además a _____ y ayudar a cualquier persona
(Nombre del examinador)

dentro de la cadena de custodia para testificar sobre el examen forense asalto sexual, la recolección de pruebas y otros hallazgos realizados en el curso del examen forense, si se solicita como parte de un proceso penal en relación con este examen.

Esta autorización permanecerá en pleno vigor y efecto durante el tiempo que la investigación y / o persecución continúa, a menos que sea revocada por mí por escrito.

Fecha de este día del _____ día _____, 20____.

Testigo:

(Examinador)

(firma del paciente)

(Sitio de examen)

STEP 2. SEXUAL ASSAULT EXAMINATION REPORT FORM

Please print legibly. To be completed by the medical examiner with information from the patient. Please inform patient that, should the case go to court, it may be necessary to gather additional evidence at a later time. Please fill out all spaces with information or **N/A**.

Patient Name: _____ DOB: _____ Sex: _____ Race: _____
 Hospital Number: _____ Law Enforcement Case Number: _____
 Exam Date: _____ Beginning Time of Exam: _____

HISTORY OF ASSAULT: (Patient's description of pertinent details of assault—if known by patient, such as orifice penetrated, digital penetration or use of foreign object, oral contact by assailant, oral contact by patient)

Date of Assault: _____ Time of Assault: _____ Number of Assailants: _____

Prior to evidence collection patient has:

Douched Wiped/Washed Bathed Showered Urinated Defecated Vomited
 Had Food or Drink Brushed Teeth, Flossed or Used Mouthwash Changed Clothes
 Other (specify): _____ None of the above

At time of assault, was:

Contraceptive foam or spermicide present? Yes No Unknown
 Lubricant used by assailant? Yes No Unknown
 What Kind? _____
 Condom used by assailant? Yes No Unknown
 Tampon present during assault? Yes No Unknown
 Patient menstruating? Yes No Unknown
 Assailant injured during assault? Yes No Unknown
 If known where? _____
 Was there penetration? (however slight) Oral Female Genitalia Anus Unknown No
 Did ejaculation occur? Oral Female Genitalia Anus Unknown No
 Other (specify): _____

At time of **exam**, was tampon present Yes No Unknown
 Menstruation at time of exam? Yes No

When was the patient's most recent sexual contact with a male (up to 1 week prior to the assault)? _____

Race of individual? _____

Vasectomized? Yes No Unknown

 Examiner's Initials

STEP 2. SEXUAL ASSAULT EXAMINATION

Page 2

Patient's Name _____

Significant Past History:

Last normal menstrual period: _____ Vaginal tampons used in past? _____

Contraceptives used: _____

General surgical procedures: _____

General Appearance (behavior, affect): _____

Body Surface Injuries (Include all details of trauma, i.e., abrasions, bite marks):

No body surface injuries noted

Body Surface Diagrams: Document injuries and observations on the attached body diagrams.

Genital Examination:

Tanner Stage 1 2 3 4 5

Labia Majora _____

Labia Minora _____

Hymen _____

Vagina _____

Cervix _____

Perineum _____

Anus _____

Penis _____

Scrotum _____

Genital Diagrams: Document injuries and observations on the attached genital diagrams.

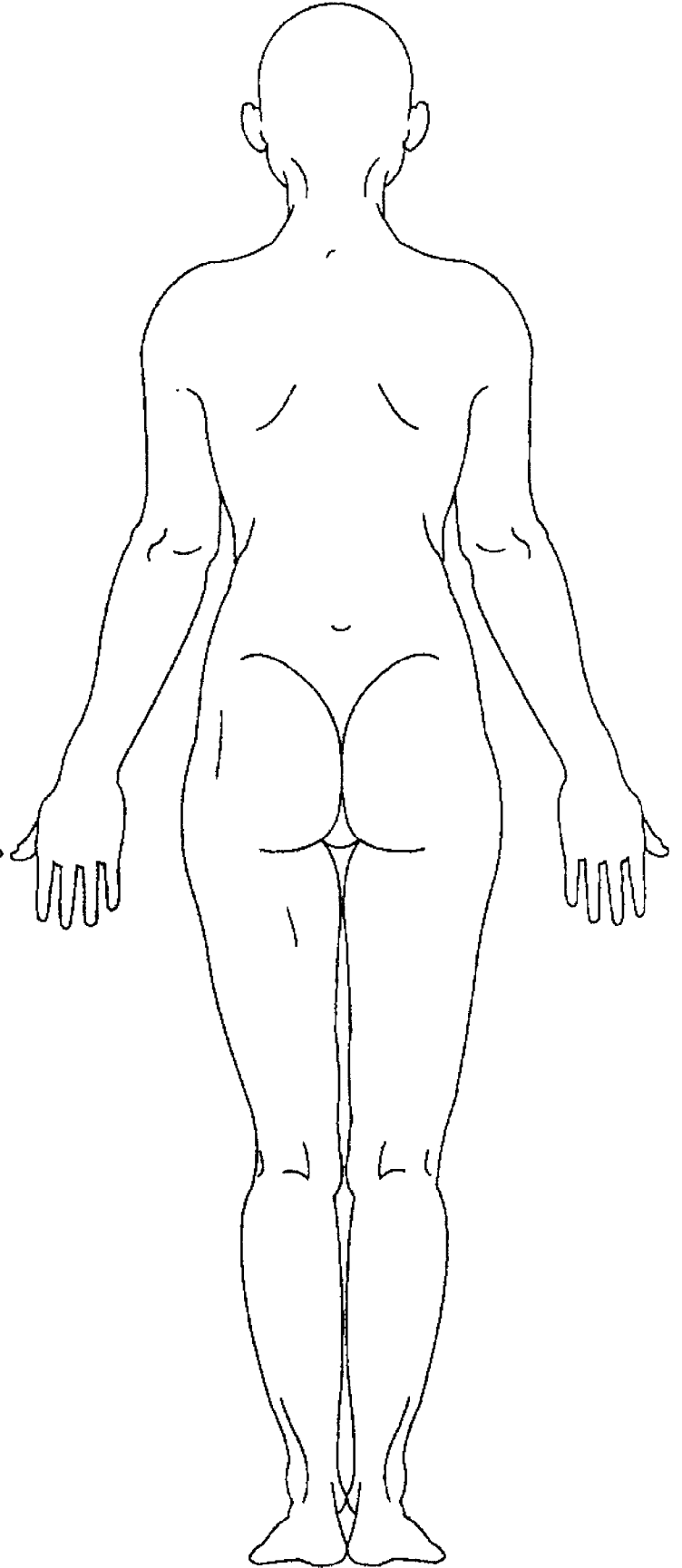
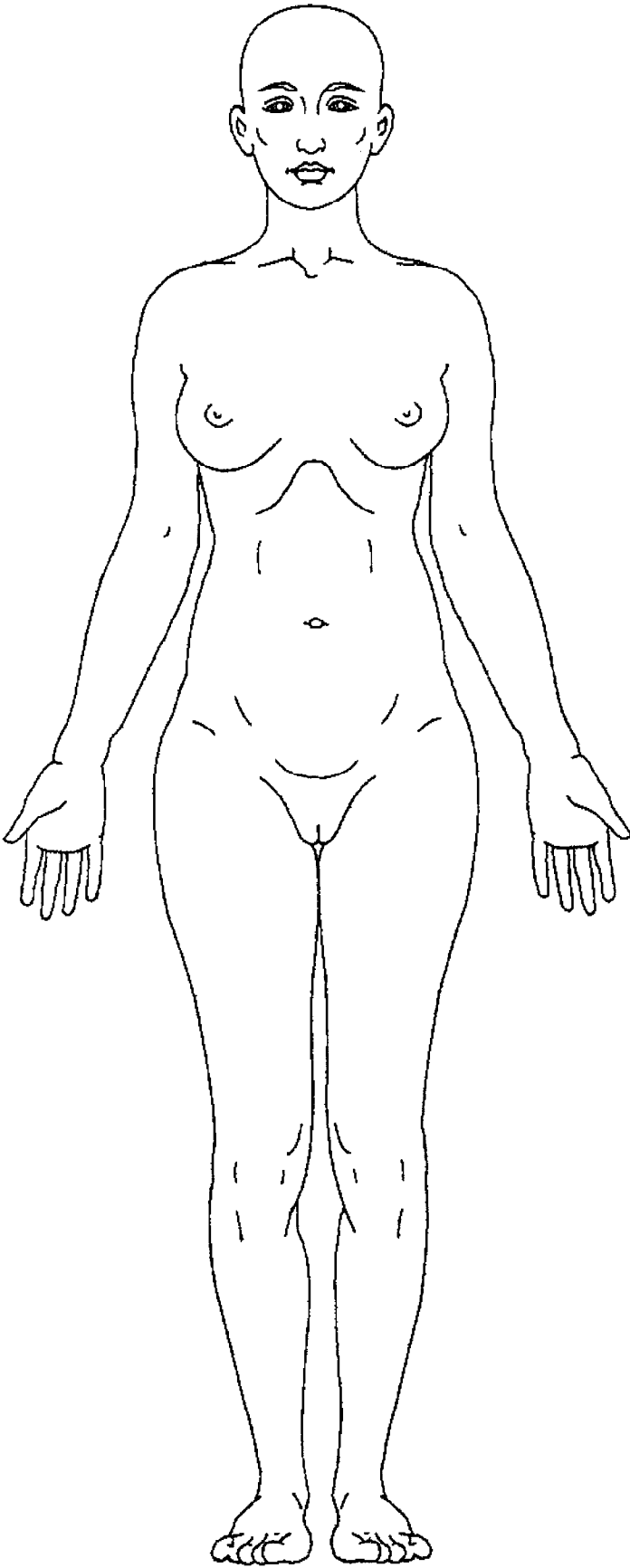
Ending Time of Exam: _____

Examiner's Initials

BODY DIAGRAMS

Examiner's Initials

Patient's Name



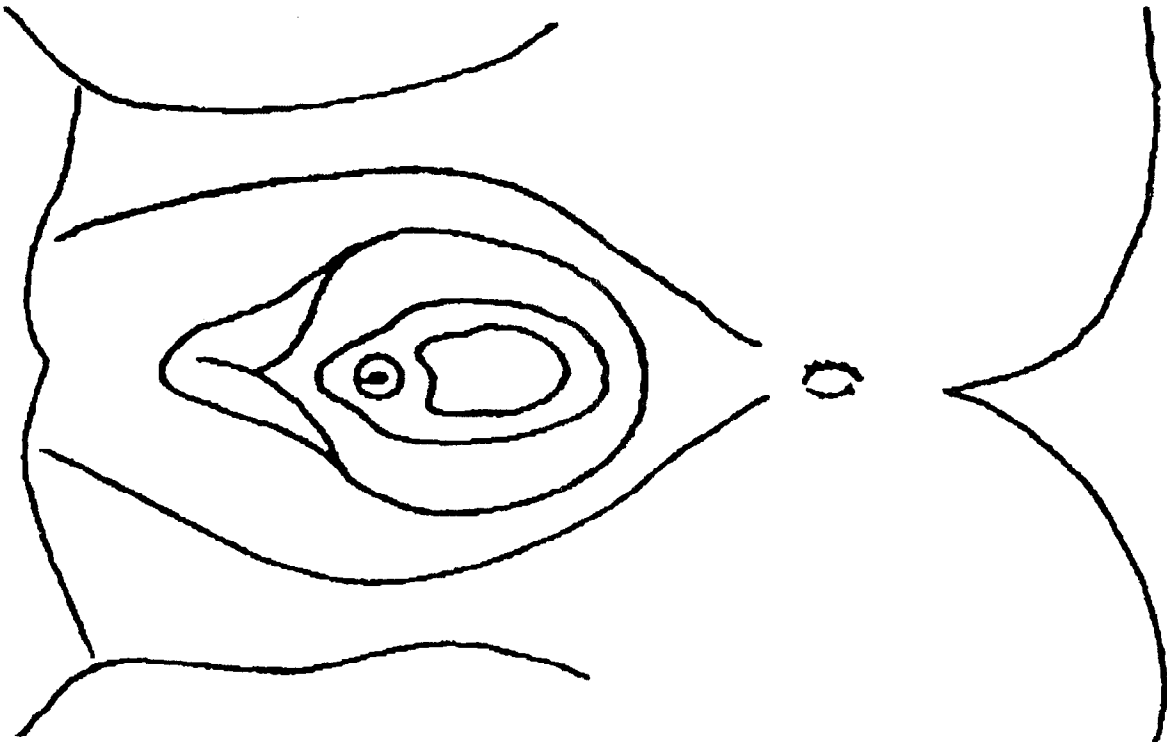
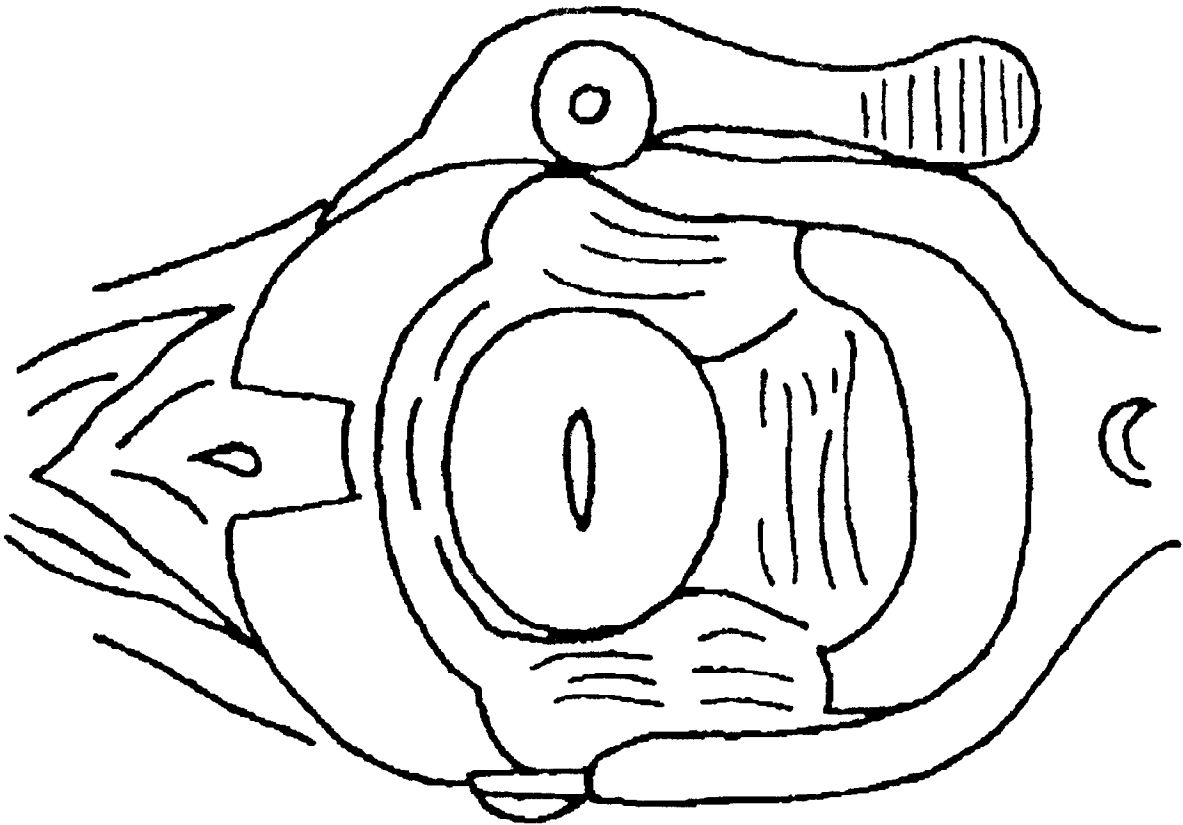
White—Medical Facility

Yellow—Law Enforcement Representative

BODY DIAGRAMS

Examiner's Initials _____

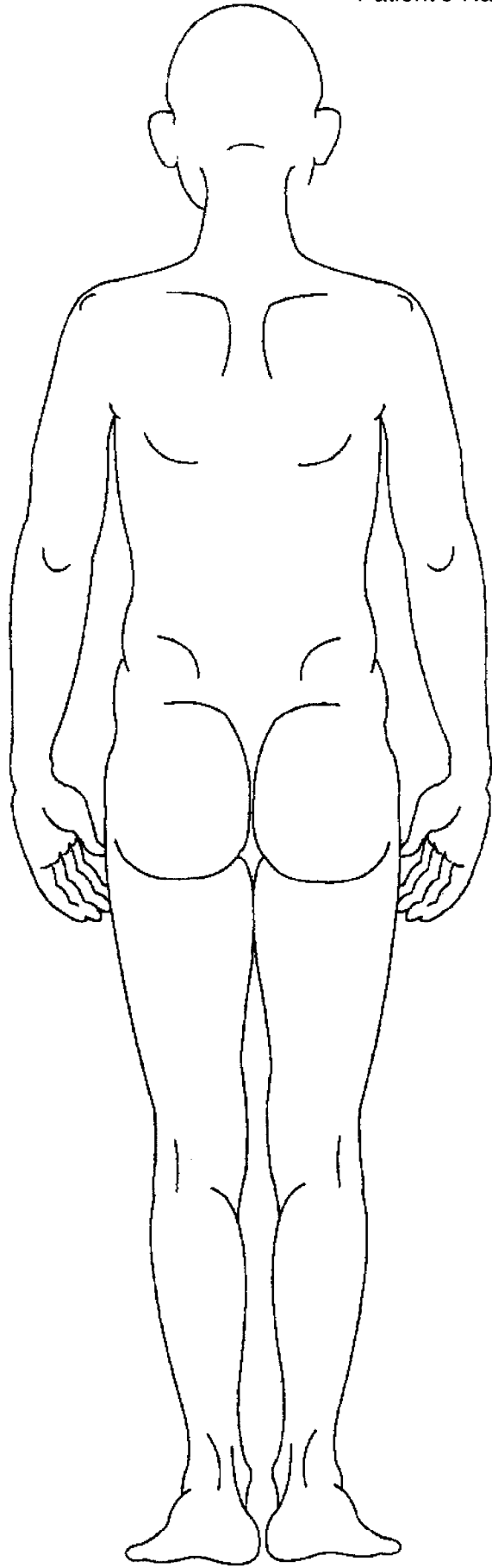
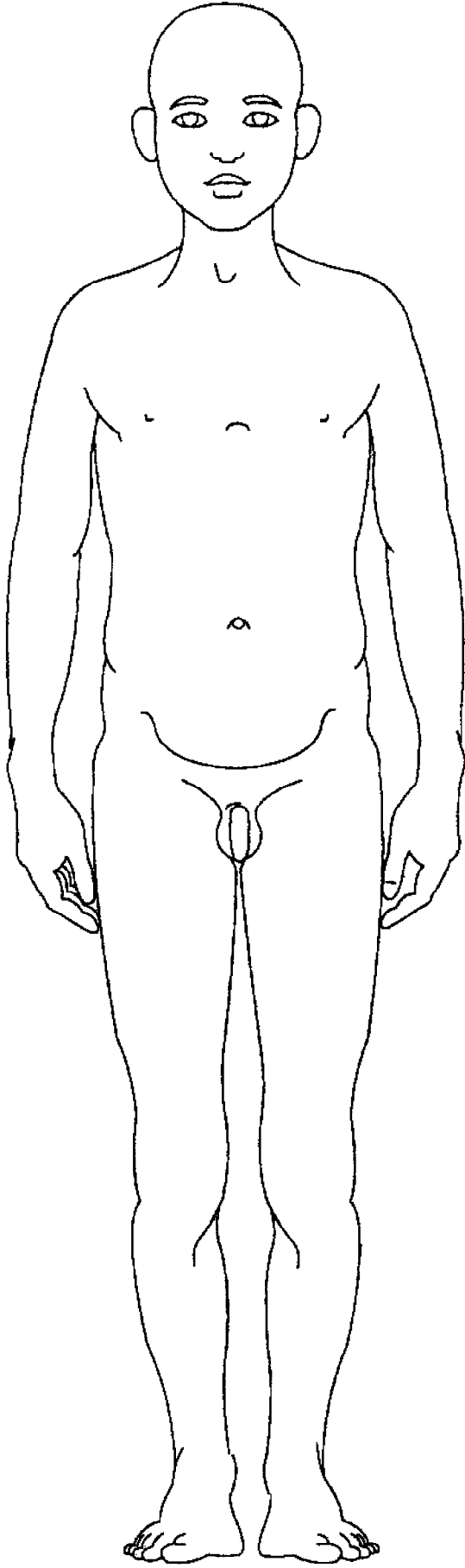
Patient's Name _____



BODY DIAGRAMS

Examiner's Initials _____

Patient's Name _____



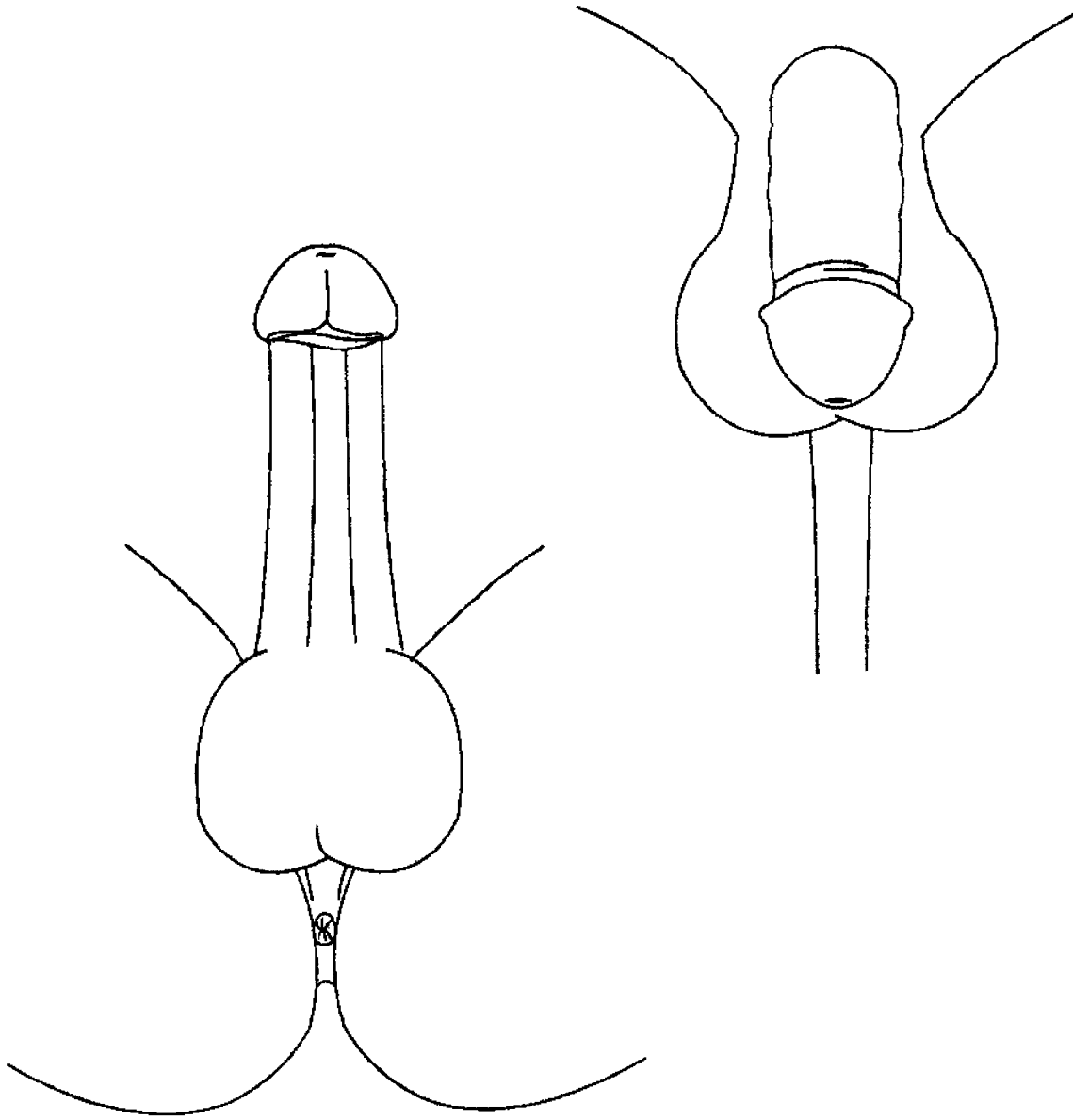
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BODY DIAGRAMS

Examiner's Initials

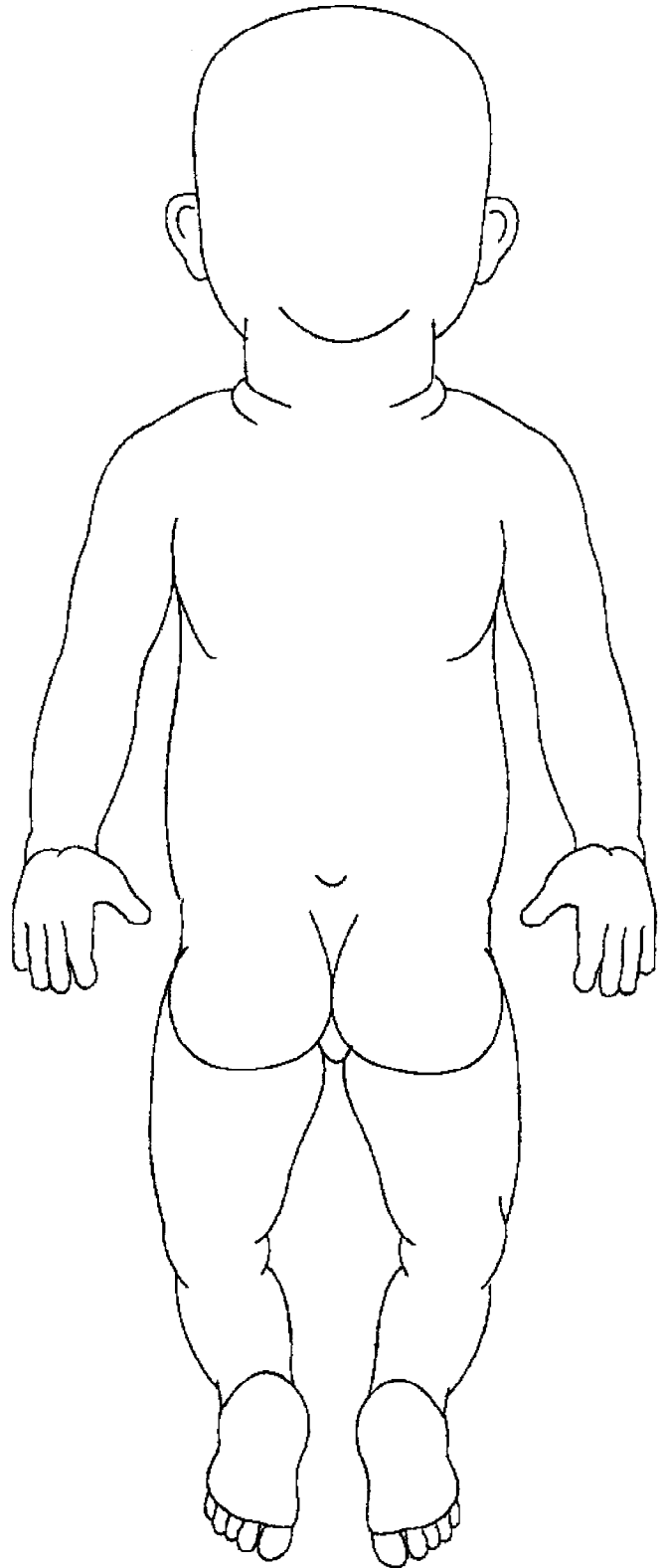
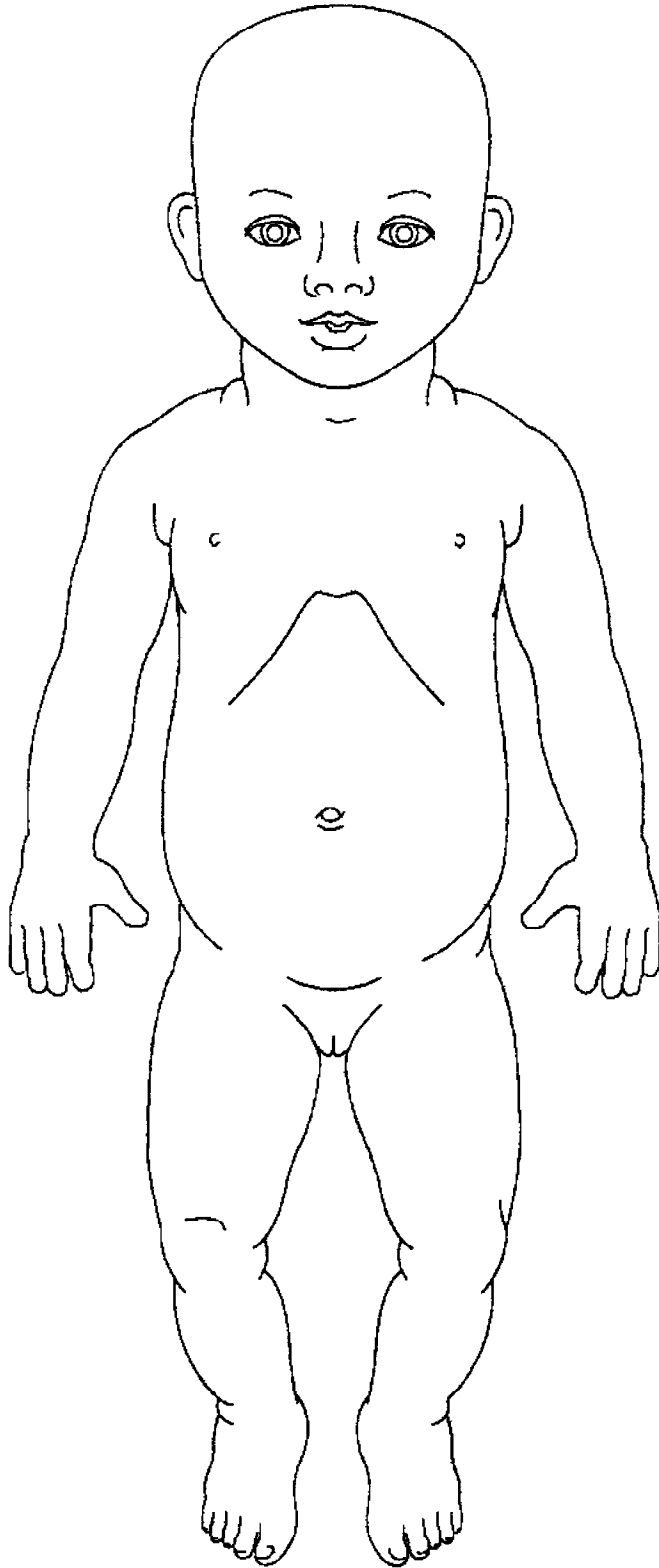
Patient's Name



BODY DIAGRAMS

Examiner's Initials

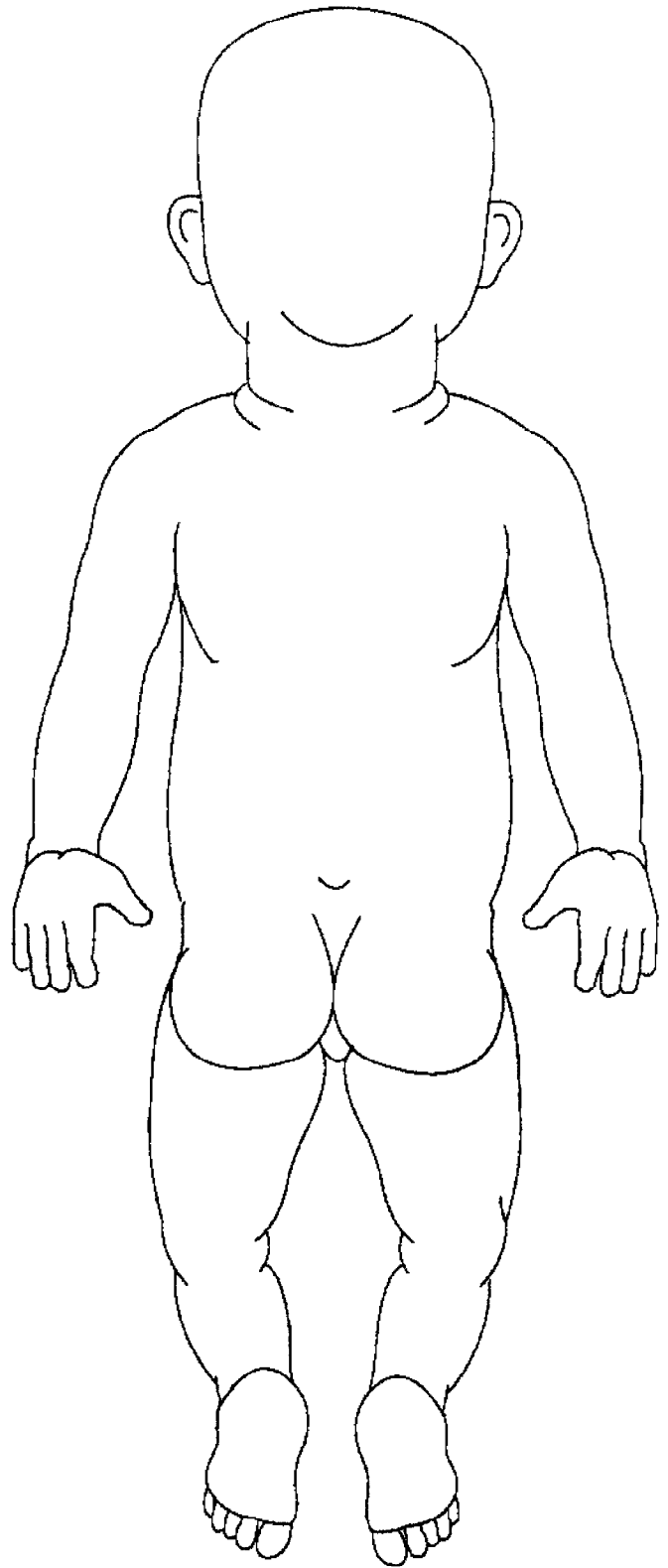
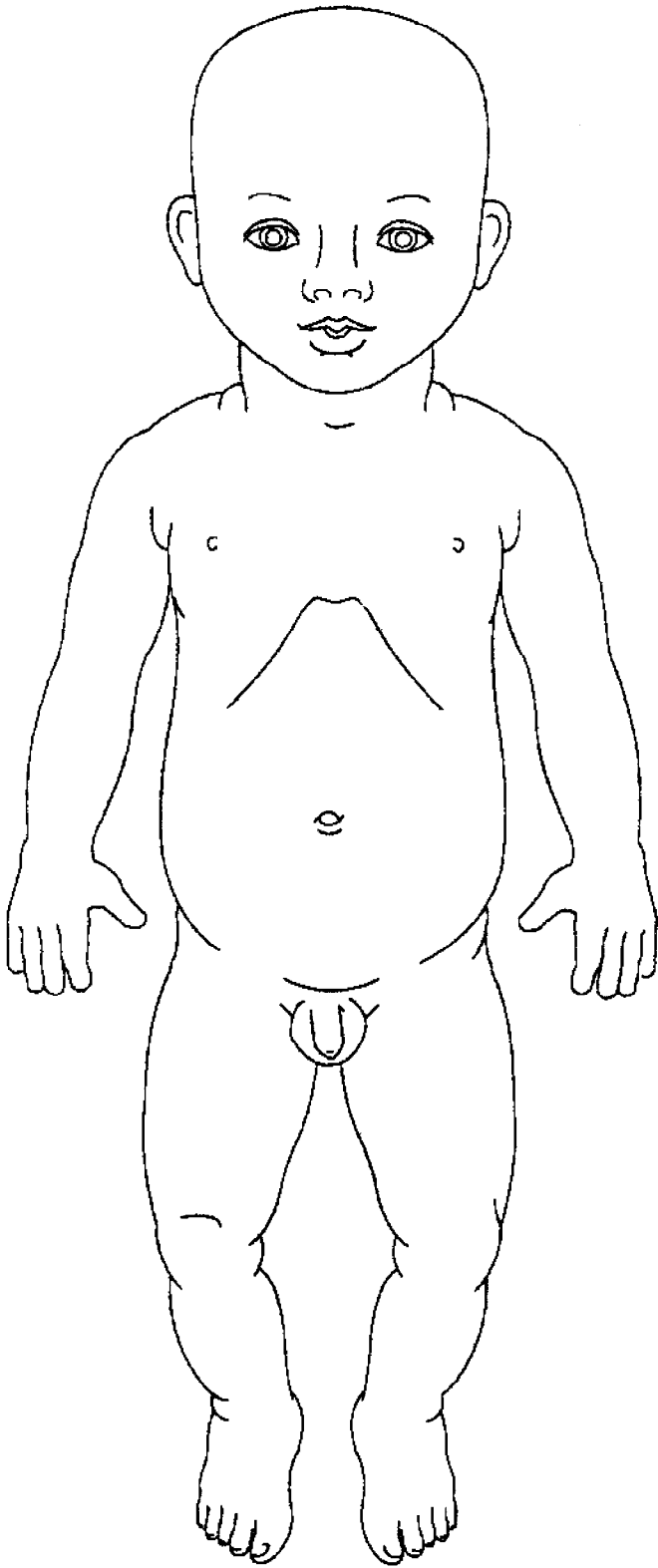
Patient's Name



BODY DIAGRAMS

Examiner's Initials

Patient's Name



STEP 14.

**RECEIPT OF EVIDENCE
(Chain of Custody)**

I have received the following items (check those which apply):

____ One (1) sealed Biological Evidence Kit

____ Sealed clothing bag(s) _____
(Number)

____ X-rays or copies of X-rays

____ Photographs _____
(Number)

____ Hospital Lab Report

____ Other (specify): _____

Name of person releasing articles:

Signature Printed Name Date Time

Title

Received by:

Signature Printed Name Date Time

ID Badge # Agency