



# 2022 Medical Forensic Exam Form Changes



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## Oregon Sexual Assault Medical-Forensic Examination Form

Exam Date/Time: \_\_\_\_\_  
 Forensic Examiner: \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Patient's Preferred Name: \_\_\_\_\_  
 Patient's Pronouns: \_\_\_\_\_

Patient Label

Instead of naming who is in the room, check boxes were added for medical chaperone, advocate, and support person.

Advocates were too frequently named on the document which was putting privileged medical advocates in a position where they could be subpoenaed as a witness.

Date of Assault: \_\_\_\_\_ Time: \_\_\_\_\_ Hours Post Assault: \_\_\_\_\_  
 OSP SAFE Kit Collected:  Yes: Kit # \_\_\_\_\_  No  
 Reporting:  Yes  No Agency \_\_\_\_\_ Case # \_\_\_\_\_

Medically screened per protocol (see medical record):  Yes  No  
 Medical chaperone present for physical exam:  Yes  No  
 Advocate called:  Yes  No Presence of support person offered:  Yes  No  
 Advocate present:  Yes  No Support person present:  Yes  No name: \_\_\_\_\_

Others present for exam: \_\_\_\_\_  
 Interpreter used:  Yes  No Name: \_\_\_\_\_  
 Language: \_\_\_\_\_

### Mandatory Reporting:

Non-accidental injury ORS 146.750:  No  Yes (*Injury must be reported. Report of sexual assault not mandated.*)  
 Injury from a deadly weapon:  No  Yes (*Injury must be reported. Report of sexual assault not mandated.*)  
 Younger than 18 years of age:  No  Yes  
 65 years of age or older:  No  Yes  
 Adult aged 18 to 64 meeting mandatory reporting requirements ORS 430.735-430.765:  No  Yes

*If any mandatory reporting box checked yes:*

Agency reported to: \_\_\_\_\_  
 Report made by: \_\_\_\_\_  
 Date/time of report: \_\_\_\_\_

Collect oral swabs, then patient may have fluids.  
 For reported/suspected drug facilitated sexual assault, collect blood and urine ASAP.  
 HIV prophylaxis must be started within 72 hours.

Changed "serious physical injury" to "non-accidental injury ORS 146.750" and changed "disabled or mentally ill" to "adult aged 18 to 64 meeting mandatory reporting requirements ORS 430.735-430.765."

This is to make it clear that not all serious physical injuries requires a mandatory report and not everyone that has a disability or behavioral health diagnosis is a mandatory report.

### I. SINCE THE TIME OF THE ASSAULT

#### Has the patient done any of the following since the assault?

Changed clothes:  Yes  No  
 Brushed teeth:  Yes  No  
 Used mouthwash:  Yes  No  
 Vomited:  Yes  No  
 Drank fluids/eaten:  Yes  No  
 Bathed/showered:  Yes  No  
 Urinated:  Yes  No  
 Defecated:  Yes  No  
 Douched:  Yes  No  
 Used tampon/pad:  Yes  No  
 Used enema:  Yes  No

If changed clothes, location and description of clothing: \_\_\_\_\_

Clothing worn at time of assault brought to facility  Yes  No

When was the last bath/shower: \_\_\_\_\_  
 # baths/showers since assault: \_\_\_\_\_

# tampons/pads used since assault: \_\_\_\_\_  
 Tampon/pad collected:  Yes  No

Added "clothing worn at time of assault brought to facility"



## XII. EVIDENCE COLLECTION

Patient Label

### A. Clothing (each item packaged in separate paper bag)

Obtained: descriptions below

\_\_\_\_\_  
\_\_\_\_\_

Obtained by law enforcement, agency: \_\_\_\_\_  
 Not Obtained, reason: \_\_\_\_\_

### B. Head Hair Standards (24 shed/pulled hairs)

Obtained

Not Obtained, reason: \_\_\_\_\_

### C. Oral Swabs (4 swabs, always collect as swabs may be used for patient's DNA standard)

Obtained

Not Obtained, reason: \_\_\_\_\_

### D. Pubic Hair Standards (24 shed/pulled hairs)

(Consider collecting if: stranger, unknown assailant, multiple assailants; pubic hair is collected in pubic combing; assailant is an acquaintance not previously in the environment where assault occurred)

Obtained

Not Obtained, reason: \_\_\_\_\_

Not Applicable

### E. Pubic Hair Combing (place with comb in envelope)

Obtained

Not Obtained, reason: \_\_\_\_\_

### F. External Genitalia/Vulvar Swabs (2 swabs: 1 damp followed by 1 dry)

Obtained

Not Obtained, reason: \_\_\_\_\_

Not Applicable

### G. Vaginal-Cervical Swabs (4 swabs)

Obtained Combined Vaginal-Cervical Swabs

Obtained Blind Vaginal Swabs Only

Not Obtained, reason: \_\_\_\_\_

Not Applicable

### H. Penile Swabs (2 swabs: 1 damp followed by 1 dry)

Obtained

Not Obtained, reason: \_\_\_\_\_

Not Applicable

### I. Scrotal Swabs (2 swabs: 1 damp followed by 1 dry)

Obtained

Not Obtained, reason: \_\_\_\_\_

Not Applicable

**Added "Consider collecting if: stranger, unknown assailant, multiple assailants; pubic hair is collected in pubic combing; assailant is an acquaintance not previously in the environment where assault occurred" in the evidence collection section.**

This is to cue the examiner that pubic hair standards are not always indicated.



# 2022 Medical Forensic Exam Form Changes



## - Page 16: Consent -

### Consent for Sexual Assault Medical-Forensic Exam



I consent and authorize \_\_\_\_\_  
Medical Provider and Title

employed by \_\_\_\_\_  
Name of Institution

to conduct a medical-forensic exam based on the components initialed below.

I give consent for **medical evaluation and treatment** related to sexual assault. I understand I may withdraw my consent at any time for any portion of the exam. This may include:

Initials \_\_\_\_\_

- Obtaining medical history and information related to the details of the assault
- Information obtained will be documented and stored as part of the medical record
- Perform a physical examination with injury documentation
- Administration of appropriate medical treatment
- Administration of medications for sexually transmitted infection prophylaxis
- Screening for pregnancy and administration of emergency contraception
- Contact after discharge for purposes of medical treatment
- Provide information regarding the Oregon Sexual Assault Victim's Emergency Fund

The consent form was added to the MFE form and expanded, adding details to each of the three sections: medical evaluation and treatment, evidence collection, and photo-documentation.

I give consent for **evidence collection** related to sexual assault. I understand I may withdraw my consent at any time for any portion of the exam. This may include:

Initials \_\_\_\_\_

- Collection of evidence including: hair, blood samples, urine samples, body fluid samples, fingernail scrapings, clothing and other items
- Collection of toxicology samples for screening
- Use of alternative light source

This allows the patient to go step by step through each part of the exam and truly understand what they are consenting to.

I give consent for **photo-documentation** related to sexual assault. I understand I may withdraw my consent at any time for any portion of the exam.

Initials \_\_\_\_\_

- Photographs are a supplement to the medical-forensic history, evidence collection, and physical findings
- Photographs will be stored according to institutional policy
- Photographs are not released with the sexual assault forensic evidence kit, they will be released in accordance with institutional policy and procedure

ORS 109.640 allows a minor 15 years of age or older to consent to hospital care, medical or surgical diagnosis or treatment by a licensed physician without the consent of an adult or guardian

ORS 109.640 language added to explain that minors age 15 and older are able to consent to medical care in Oregon.

\_\_\_\_\_  
SIGNATURE OF PATIENT/PARENT/GUARDIAN IF PARENT/GUARDIAN, PRINT NAME & RELATIONSHIP

\_\_\_\_\_  
SIGNATURE OF MEDICAL PROVIDER PRINTED NAME OF MEDICAL PROVIDER

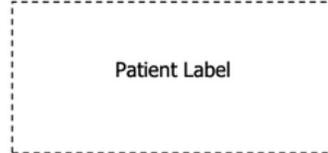
DATE \_\_\_\_\_



# 2022 Medical Forensic Exam Form Changes



## - Page 17: Release of Information -



### Release of Information

I authorize the release of documentation and evidence collected to law enforcement for purposes of:

Initials

**Investigation:** A report to law enforcement has been made and I am requesting that a copy of the medical-forensic examination form completed by the sexual assault nurse examiner or sexual assault examiner be released to the appropriate law enforcement agency as well as the Oregon State Crime Lab. To include:

- Injury documentation
- Evidence collection documentation

Initials

**Storage only:** A report to law enforcement has not been made and I am requesting that a copy of the medical-forensic examination form completed by the sexual assault nurse examiner or sexual assault examiner be sealed in the Sexual Assault Forensic Evidence Kit and released to the appropriate law enforcement agency for storage without being opened until such time as I make a report to law enforcement. To include:

- Injury documentation
- Evidence collection documentation

I understand any evidence collected will be stored anonymously without being opened or tested until such time as I make a report to law enforcement. I also understand that per ORS 181.A.325 the sexual assault evidence kit will be stored for up to 60 years after the collection of evidence.

Initials

**I decline to include injury and evidence documentation within the sexual assault forensic evidence kit at this time.**

This release will be effective for 30 days from today or until a different date specified here: \_\_\_\_\_

FROM:

TO:

Medical Facility Name: \_\_\_\_\_

Law Enforcement Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\*Release of Information to be signed by individual authorizing consent for medical-forensic examination

**\*Oregon law, ORS 109.640 allows a minor 15 years of age or older to consent to hospital care, medical or surgical diagnosis or treatment by a licensed physician without the consent of an adult or guardian**

SIGNATURE OF PATIENT/PARENT/GUARDIAN

IF PARENT/GUARDIAN, PRINT NAME & RELATIONSHIP

SIGNATURE OF MEDICAL PROVIDER

PRINTED NAME OF MEDICAL PROVIDER

DATE \_\_\_\_\_

OR-SATF, Revised 2022

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Examiner Initials \_\_\_\_\_

**"Investigation," "Storage only" sections expanded with detailed explanations on what is included under each circumstance.**

This helps the examiner clearly explain to the patient what will be released to law enforcement and when this information will be released.

**Section added to allow patients to decline the inclusion of the injury and evidence documentation in the kit at time of collection.**

**ROI effective date changed from 180 to 30 days.**

Law enforcement is required to retrieve the SAFE kit from the facility within seven days as outlined by Melissa's Law.

**ORS 109.640 language added to explain that minors age 15 and older are able to consent to medical care in Oregon.**



# 2022 Sample Discharge Instructions



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Patient Label

## Adolescent and Adult Sexual Assault Discharge Instructions

(Please keep this information in a safe place for future reference)

Exam date: \_\_\_\_\_ Examiner: \_\_\_\_\_  
Health care facility where exam was conducted:  
\_\_\_\_\_

**OSP SAFE Kit #:** \_\_\_\_\_  
You may enter your kit number on Oregon State Police's kit tracking website to see where it has been transferred or held: <https://trackit.osp.oregon.gov>. No identifying information is shared on the website.

Updated to reflect that all areas are now live with SAMS track.

**LEA Case #:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_  
Law enforcement agency: \_\_\_\_\_  
Contact person: \_\_\_\_\_

Local resources for safety planning, counseling, and crisis line information were given. **Advocacy Agency:** \_\_\_\_\_  
**Contact #** \_\_\_\_\_  
• We recommend that you reach out to an advocate to make arrangements prior to meeting with law enforcement.

Removed safety plan, and added a statement about resources and advocacy contact information given to the patient.

**Evidence collected for investigative purposes**  
Note: Evidence may be transferred to a different law enforcement agency based on jurisdiction.

**Evidence collected for storage only\***  
**\*Important:** Evidence is given to police without your identity being revealed and will be stored anonymously for 60 years. It will **not** be sent to the OSP Forensic Lab for testing unless a report is made. You may choose to make a report to law enforcement at any time. After 60 years, evidence may be destroyed. If you would like to initiate a report to law enforcement, you may go directly to the above named law enforcement agency. **They will want to know the case and kit numbers so bring those with you.**

**No evidence collected**  
Medical screening only



Patient Label

### Pregnancy Prevention Medication

We provided written information about emergency contraception, which was verbally reviewed with you. After consultation you:

- Received medication
- Declined medication
- It was not indicated

We recommend follow up testing for pregnancy in 2 weeks if you did not take emergency contraception today, or if you miss your next period.

### Sexually Transmitted Infection Prevention

- Gonorrhea prevention:  Ceftriaxone 500mg  Other \_\_\_\_\_
- Chlamydia prevention:  Doxycycline 100mg twice a day for 7 days **OR**  
 Azithromycin 1gm  Other \_\_\_\_\_
- Vaginosis/Trichomoniasis prevention:  Flagyl 500mg twice a day for 7 days **OR**  Flagyl 2gm  Other \_\_\_\_\_
- Other \_\_\_\_\_

### HIV Post Exposure Prophylaxis

- You **DID NOT** receive HIV prophylaxis today
  - We recommend that you receive baseline HIV antibody testing that can be done at your primary care doctor or a county health clinic within 2 weeks.
  - We recommend that you follow up at 6 weeks, and 3 months for counseling and HIV testing.
  - We recommend that you practice safe sex by using a condom for the next 3 months.
- You **DID** receive HIV prophylaxis today
  - See instructions for taking HIV medications and follow-up care.
  - You received baseline HIV, testing today.
  - Please follow up with the provider listed on your after visit summary.

### Hepatitis B Prevention

- You **DID** receive hepatitis B vaccination today. We recommend follow up with your primary care provider for the rest of the vaccination series.
- You **DID NOT** receive hepatitis B vaccination today. We recommend that you follow up with your primary care provider to assess need for vaccination.

**Medication dosages updated to reflect the new CDC guidelines. Options given for Chlamydia and Vaginosis/Trichomoniasis prophylaxis.**

CDC recommends 7 day course of antibiotics, although this may not be indicated for every patient.

**SATF Treatment Guidelines** have also been updated to reflect these changes.

**Changed follow-up recommendations for HIV PEP.**

These changes reflect the new HIV testing recommendations.



# 2022 Treatment - Follow-up - Referrals



1

Patient Label

This section was removed from page 16 of the 2020 MFE form and made into an entirely separate document.

This was done to prevent this information from being added to the SAFE kit and sent to the crime lab. This form is used to document treatment & referrals given to patient

## Oregon Sexual Assault Medical-Forensic Examination: Medical Treatment- Follow-Up- Referrals

### MEDICAL TREATMENT

Allergies reviewed with patient:  Yes  No

Patient currently using contraception:  Yes, type of contraception used: \_\_\_\_\_  No

• Ulipristal may make hormonal birth control methods less effective right after taking it, a backup birth control method should be used until next period starts

Include names, dosages, and routes for all medications given.

Chlamydia prophylaxis:  Yes: \_\_\_\_\_  No, why: \_\_\_\_\_

Gonorrhea prophylaxis:  Yes: \_\_\_\_\_  No, why: \_\_\_\_\_

BV/trichomoniasis prophylaxis:  Yes: \_\_\_\_\_  No, why: \_\_\_\_\_

Negative pregnancy test:  Yes  No  Not applicable

Emergency contraception:  Yes: \_\_\_\_\_  No, why: \_\_\_\_\_

EC info sheet given:  Yes  No  Not applicable

Tetanus vaccine:  Yes: \_\_\_\_\_  No, why: \_\_\_\_\_

Hepatitis B vaccine:  Yes: \_\_\_\_\_  No, why: \_\_\_\_\_

HPV vaccine:  Yes: \_\_\_\_\_  No, why: \_\_\_\_\_

Other medication:  Yes: \_\_\_\_\_  No

Added:  
- Allergies  
- Contraception interaction with Ella (Ulipristal)  
- HPV Vaccine

### HIV PROPHYLAXIS

CDC Recommendations for Postexposure HIV Risk Assessment of Adolescents and Adults <72 Hours After Sexual Assault, 2021 <https://www.cdc.gov/std/treatment-guidelines/sexual-assault-adults.htm>

**High risk** → offer PEP: Condomless receptive anal sex • Condomless receptive vaginal sex • Sharing needles

**Moderate risk** → consider PEP, discuss with patient: • Condomless insertive anal sex • Condomless insertive vaginal sex

**Low risk** → would not offer PEP: • Insertive or receptive oral sex (consider for receptive if significant bleeding, ulcerations or trauma in mouth and ejaculation) • Sharing cookers, cotton or other drug paraphernalia • Blood or semen splash on intact skin • Exposure to urine, saliva or bites

Patient has been counseled regarding the risk of HIV acquisition based on the 2021 CDC Guidelines

Yes  No, why: \_\_\_\_\_

After counseling patient has  ACCEPTED medications  DECLINED medications  Does not meet criteria >72 hours

HIV nPEP not recommended at this time

Patient has been given information regarding follow-up testing and use of condoms for next 3 months  Yes  No,

why: \_\_\_\_\_  N/A

HIV nPEP medications given:

Medication/dosage: \_\_\_\_\_ Date/time of first dose: \_\_\_\_\_

Medication/dosage: \_\_\_\_\_ Date/time of first dose: \_\_\_\_\_

Patient provided take home pack of HIV nPEP medication with a plan in place to obtain any remaining medications

Yes  No, why: \_\_\_\_\_  N/A

Patient provided full course or prescription for HIV nPEP medications  Yes  No, why: \_\_\_\_\_  N/A

This section was expanded based on 2021 CDC treatment guidelines.

Reminder: It is the SANE's responsibility to discuss the patient's risk for HIV exposure and HIV nPEP process. It is not the SANE's responsibility to influence or make the decision to take the nPEP course for the patient. All high and moderate risk patients should be offered nPEP.



# 2022 Treatment - Follow-up - Referrals



2

Patient Label

Patient provided information regarding medication assistance:  
 Yes  No, why: \_\_\_\_\_  N/A

Section asking if the patient was provided information regarding medication assistance added.

### FOLLOW-UP AND REFERRALS

SAFE kit tracking information entered into SAMS track prior to release to law enforcement agency:  
 Yes  No  N/A

Patient counseled regarding the Sexual Assault Victims' Emergency Medical Response Fund:  
 Yes  No  N/A

Patient provided written discharge instructions:  Yes  No  N/A

Interpreter used:  Yes  No Name: \_\_\_\_\_  
 Language: \_\_\_\_\_

Advocacy/crisis intervention agency:  Yes, agency: \_\_\_\_\_  No

Local resources for safety planning, counseling, and crisis line information were given:  Yes  No

Social worker or case manager assisted with safety planning:  Yes  No  N/A

Practitioner follow-up with: \_\_\_\_\_

Information added regarding SAMS track, SAVE fund, Discharge Instructions, and Interpreter.

For non-reporting cases:  
 Patient provided instructions on process for making a report to law enforcement:  Yes  No  N/A  
 Verified no visible patient identifiers on SAFE kit or released evidence:  Yes  No  N/A  
 Law enforcement agency SAFE kit was released to: \_\_\_\_\_

*"Counseling/social worker and safety plan created by:" removed and replaced with "Local resources for safety planning, counseling, and crisis line information were given" and "social worker or case manager assisted with planning."*

Specific information added about non-reporting cases to remind SANE to provide patient with information about reporting to law enforcement and ensuring no patient identifiers are visible when SAFE kit is released into evidence.