State of California
Governor’s Office of Criminal Justice Planning

FORENSIC MEDICAL REPORT:
NONACUTE (>72 HOURS)
CHILD/ADOLESCENT SEXUAL ABUSE EXAMINATION

OCJP 925

For more information or assistance in completing the OCJP 925 please contact University of California, Davis California Medical Training Center at: (916) 734-4141

This form is available on the following Web site: www.ocjp.ca.gov
A. GENERAL INFORMATION (print or type) Name of Medical Facility: 

1. Name of patient: ____________________________ Patient ID number: ____________________________

2. Address: ____________________________ City: ____________________________ County: ____________________________ State: ____________________________ Telephone: ____________________________

3. Age: _______ DOB: ____________________________ Gender: ____________________________ Ethnicity: ____________________________ Arrival Date: ____________________________ Arrival Time: ____________________________ Discharge Date: ____________________________ Discharge Time: ____________________________

4. Name of:  
   - Mother: ____________________________ Address: ____________________________ City: ____________________________ County: ____________________________ State: ____________________________ Telephone: ____________________________

   - Stepmother: ____________________________ Address: ____________________________ City: ____________________________ County: ____________________________ State: ____________________________ Telephone: ____________________________

   - Guardian: ____________________________ Address: ____________________________ City: ____________________________ County: ____________________________ State: ____________________________ Telephone: ____________________________

5. Name of:  
   - Father: ____________________________ Address: ____________________________ City: ____________________________ County: ____________________________ State: ____________________________ Telephone: ____________________________

   - Stepfather: ____________________________ Address: ____________________________ City: ____________________________ County: ____________________________ State: ____________________________ Telephone: ____________________________

6. Name(s) of Siblings:  
   - Gender: ____________________________ Age: _______ DOB: ____________________________

   - Name(s) of Siblings: ____________________________ Gender: ____________________________ Age: _______ DOB: ____________________________

B. REPORTING AND AUTHORIZATION Jurisdiction (city □ county □ other): ____________________________

1. Telephone report made to: ____________________________  Name: ____________________________  Agency: ____________________________  ID number: ____________________________  Telephone: ____________________________

   - Law Enforcement: ____________________________

   - Child Protective Services: ____________________________

2. Responding Personnel (to medical facility): ____________________________  Name: ____________________________  Agency: ____________________________  ID number: ____________________________  Telephone: ____________________________

   - Law Enforcement: ____________________________

   - Child Protective Services: ____________________________

3. Assigned Investigator (if known): ____________________________  Name: ____________________________  Agency: ____________________________  ID number: ____________________________  Telephone: ____________________________

   - Law Enforcement: ____________________________

   - Child Protective Services: ____________________________

4. Authorization for evidential exam requested by law enforcement or child protective services agency: 

I request a forensic medical examination for suspected sexual abuse at public expense.

   - Law enforcement officer: ____________________________  ID number: ____________________________  Child Protective Services: ____________________________

   - Telephone Authorization: ____________________________  Agency: ____________________________

   - Authorizing party: ____________________________  ID number: ____________________________  Date/time: ____________________________

   - Telephone: ____________________________  Date: ____________________________  Time: ____________________________  Case number: ____________________________

C. CONSENT FOR EXAMINATION BY PATIENT/PARENT/GUARDIAN  Note: Parental consent is not required for a suspected child sexual abuse examination if the child is in protective custody. Family Code Section 6927 permits minors (12 to 17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions regarding parental notification requirements for minors.

   - I hereby consent to a forensic medical examination for evidence of sexual abuse. I understand that collection of evidence may include photographing injuries and that these photographs may include the anal-genital area (private parts). I further understand that medical providers are required to notify child protective authorities of known or suspected child abuse; and, if child abuse is found or suspected, this form and any evidence obtained will be released to a child protective agency.

   - I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Victims of Crime (VOC) Restitution Fund for out-of-pocket medical expenses, psychological counseling, loss of wages, and job retraining/rehabilitation.

   - I understand that data without patient identity may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies.

Signature: ____________________________  Patient: ____________________________  Parent: ____________________________  Guardian: ____________________________

DISTRIBUTION OF OCJP 930

- Original – Law Enforcement
- Copy – Child Protective Services
- Copy – Medical Facility Records

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### D. PATIENT HISTORY

1. **Record time or time frame of the incident(s)**
   - [ ] Less than 72 hours
   - [ ] Multiple incidents over time

2. **Record patient’s name for: Patient Identification**
   - Female genitalia
   - Breasts
   - Anus

<table>
<thead>
<tr>
<th>Male genitalia</th>
<th>Female genitalia</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1.</td>
<td>#2.</td>
</tr>
<tr>
<td>M F</td>
<td>M F</td>
</tr>
</tbody>
</table>

3. **Alleged perpetrator(s) name(s)**

<table>
<thead>
<tr>
<th>Alleged perpetrator(s) name(s)</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Relationship to Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#3.</td>
<td></td>
<td></td>
<td></td>
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<table>
<thead>
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<th>Known</th>
<th>Unknown</th>
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</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

### E. ACTS DESCRIBED BY HISTORIAN

**Name of historian**

<table>
<thead>
<tr>
<th>Relationship to patient</th>
<th>History obtained by:</th>
<th>Telephone</th>
<th>Agency</th>
<th>Not applicable</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Describe pain and/or bleeding and additional pertinent history:**

- **Genital/vaginal contact/penetration by:**
  - Penis
  - Finger
  - Object (Describe)
  - Associated pain?
  - Associated bleeding?

- **Anal contact/penetration by:**
  - Penis
  - Finger
  - Object (Describe)
  - Associated pain?
  - Associated bleeding?

- **Oral copulation of genitals:**
  - Of patient by assailant
  - Of assailant by patient

- **Oral copulation of anus:**
  - Of patient by assailant
  - Of assailant by patient

- **Anal/genital fondling:**
  - Of patient by assailant
  - Of assailant by patient

- **Non-genital act(s)?**
  - If yes: [ ] Fondling [ ] Licking [ ] Kissing [ ] Suction Injury [ ] Biting
  - Other acts? (Describe)

- **Did ejaculation occur?**
  - If yes, note location(s):
    - [ ] Mouth [ ] Vagina [ ] Body surface [ ] On bedding
    - [ ] Anus/Rectum [ ] On clothing [ ] Other

- **Contraceptive or lubricant products?**
  - No [ ] Yes [ ]
  - If yes, note type/brand:
    - [ ] Foam [ ] Jelly [ ] Lubricant [ ] Condom

- **Were force or threats used?**
  - [ ] No [ ] Yes [ ] Force [ ] Threats

- **Were weapons used?**
  - [ ] No [ ] Yes

- **Were pictures/ videotapes taken or shown?**
  - [ ] No [ ] Yes

- **Were drugs [ ] or alcohol [ ] used?**
  - [ ] No [ ] Yes [ ]

- **Loss of memory?**
  - [ ] No [ ] Yes [ ]

- **Lapse of consciousness?**
  - [ ] No [ ] Yes [ ]

- **Vomited after act(s)?**
  - [ ] No [ ] Yes

- **Behavioral changes in patient?**
  - [ ] No [ ] Yes

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*Collection of toxicology samples (<96 hours) is recommended according to local policy.*

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**F. ACTS DESCRIBED BY PATIENT**

1. Acts disclosed by patient to:

| Law Enforcement Officer | Medical Examiner | Multi-disciplinary Interview Team | Social Worker | Other: |

**Patient Identification**

| No | Yes | Attempted | Unsure | N/A |

2. Describe pain and/or bleeding (using exact patient’s words) and additional pertinent history:

| | | | | |

3. Penile/vaginal contact/penetration by:

- Penis
- Finger
- Object (Describe)
- Associated pain?
- Associated bleeding?

4. Anal contact/penetration by:

- Penis
- Finger
- Object (Describe)
- Associated pain?
- Associated bleeding?

5. Oral copulation of genitals:

- Of patient by assailant
- Of assailant by patient

6. Oral copulation of anus:

- Of patient by assailant
- Of assailant by patient

7. Anal/genital fondling:

- Of patient by assailant
- Of assailant by patient

8. Non-genital act(s)?

- Fondling
- Licking
- Kissing
- Suction
- Injury
- Biting

9. Did ejaculation occur?

| | | | | |

10. Contraceptive or lubricant products?

- Yes
- No

11. Were force or threats used?

- Yes
- No

12. Were weapons used?

- Yes
- No

13. Were pictures/videotapes taken or shown?

- Yes
- No

14. Were drugs or alcohol used?

- Yes
- No

15. Loss of memory?

- Yes
- No

16. Lapse of consciousness?

- Yes
- No

17. Vomited after act(s)?

- Yes
- No

18. Behavioral changes?

- Yes
- No

*Collection of urine toxicology sample (<96 hours) is recommended according to local policy.

**G. MEDICAL HISTORY**

1. Name of person providing history

| Relationship to patient |

2. Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of physical findings?

3. Any other pertinent medical conditions that may affect the interpretation of physical findings?

4. Any pre-existing physical injuries?

5. Any previous history of physical abuse and/or neglect?

6. Any previous history of sexual abuse?

7. Other intercourse? (For adolescents only)

- If yes, anal (within past 5 days)? When
- If yes, vaginal (within past 5 days)? When
- If yes, did ejaculation occur? Where
- If yes, was a condom used?

8. Menstrual periods?

- If yes, age of menarche:
- Last menstrual period:

9. Other symptoms disclosed by patient:

| Abdominal/pelvic pain | Pain on urination | Genital discomfort or pain | Genital itching | Genital discharge | Genital bleeding | Rectal discomfort or pain | Rectal itching | Rectal bleeding | Constipation | Other |

10. Other symptoms disclosed by historian:

| No | Yes | Unk |

11. Collection of urine toxicology sample (<96 hours) is recommended according to local policy.
H. GENERAL PHYSICAL EXAMINATION

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

1. BP Pulse Resp Temp Height Weight

2. Exam Started Exam Completed

3. Female Tanner Stage – Breast

4. Describe general demeanor and relevant statements made during exam.

5. Conduct a physical examination.

General exam within normal limits: 

<table>
<thead>
<tr>
<th>Patient Identification</th>
<th>Diagram A</th>
<th>Diagram B</th>
<th>Diagram C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diagram D</td>
<td>Diagram E</td>
<td>Diagram F</td>
</tr>
</tbody>
</table>

LEGEND: Types of Findings

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>Abrasion</td>
<td></td>
</tr>
<tr>
<td>BU</td>
<td>Burn</td>
<td></td>
</tr>
<tr>
<td>DI</td>
<td>Discharge</td>
<td></td>
</tr>
<tr>
<td>HC</td>
<td>Hymenal Cleft</td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>Induration</td>
<td></td>
</tr>
<tr>
<td>LA</td>
<td>Laceration</td>
<td></td>
</tr>
<tr>
<td>OI</td>
<td>Other Injury</td>
<td></td>
</tr>
<tr>
<td>PE</td>
<td>Petechiae</td>
<td></td>
</tr>
<tr>
<td>SH</td>
<td>Submucosal Hemorrhage</td>
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</tr>
<tr>
<td>SI</td>
<td>Suction Injury</td>
<td></td>
</tr>
<tr>
<td>PGW</td>
<td>Possible Genital Wart</td>
<td></td>
</tr>
<tr>
<td>TE</td>
<td>Tenderness</td>
<td></td>
</tr>
<tr>
<td>VL</td>
<td>Vesicular Lesion</td>
<td></td>
</tr>
<tr>
<td>SW</td>
<td>Swelling</td>
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</table>

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I. EXAMINATION OF THE EXTERNAL GENITALIA AND PERINEAL AREA

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

1. Use a colposcope or employ other means of magnification.
2. Examine the genital structures.
   - See page 5 of instructions for diagrams of the genital structures.
   - Use exam techniques described in instructions.
   - Diagram the position that best illustrates your findings.

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### LEGEND: Types of Findings

<table>
<thead>
<tr>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
<th>Locator #</th>
<th>Type</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>AB</td>
<td>Abrasion</td>
<td></td>
<td>BU</td>
<td>Burn</td>
</tr>
<tr>
<td></td>
<td>AHT</td>
<td>Absent Hymenal Tissue</td>
<td></td>
<td>CV</td>
<td>Congenital Variation</td>
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<td></td>
<td>AL</td>
<td>Anal Laxity</td>
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<td>DE</td>
<td>Debris</td>
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<tr>
<td></td>
<td>BI</td>
<td>Bite</td>
<td></td>
<td>DF</td>
<td>Deformity</td>
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<tr>
<td></td>
<td>DI</td>
<td>Discharge</td>
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<td>EC</td>
<td>Ecchymosis (bruise)</td>
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<td>EC</td>
<td>Ecchymosis (bruise)</td>
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<td>ER</td>
<td>Erythema (redness)</td>
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<td>ER</td>
<td>Erythema (redness)</td>
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<td>IN</td>
<td>Induration</td>
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<tr>
<td></td>
<td>HE</td>
<td>Hymenal Cleft</td>
<td></td>
<td>HC</td>
<td>Hymenal Cleft</td>
</tr>
<tr>
<td></td>
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<td>Induration</td>
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<td>LA</td>
<td>Laceration</td>
</tr>
<tr>
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<td>LA</td>
<td>Laceration</td>
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<td>MC</td>
<td>Miscellaneous</td>
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<td>Other Injury (describe)</td>
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<td>Other Injury (describe)</td>
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<td>PW</td>
<td>Perianal Wart</td>
</tr>
<tr>
<td></td>
<td>PW</td>
<td>Perianal Wart</td>
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<td>PGW</td>
<td>Possible Genital Wart</td>
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<td>PGW</td>
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<td></td>
<td>SI</td>
<td>Suction Injury</td>
</tr>
<tr>
<td></td>
<td>SI</td>
<td>Suction Injury</td>
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<td>SW</td>
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<td></td>
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<tr>
<td></td>
<td>VL</td>
<td>Vesicular Lesion</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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Diagram G

Supine

Diagram H

Knee-Chest

Diagram I

Penis

Diagram J

Patient Identification

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J. ANAL-GENITAL FINDINGS

1. Exam method:
   - Direct visualization
   - Colposcope
   - Other magnification

2. General Female/Male
   - WNL
   - ABN
   - Describe
   - Inguinal adenopathy
   - Perineum

3. Genital Tanner Stage
   - 1
   - 2
   - 3
   - 4
   - 5

4. Female Genitalia
   - Exam positions/methods:
     - Supine
     - Prone
   - Other:
     - Saline/water
     - Moistened swab
     - Catheter

   - Labia majora
   - Labia minora
   - Clitoral hood
   - Perihymenal tissues (vestibule)
   - Hymen
   - Fossa navicularis
   - Posterior fourchette
   - Vagina (pubertal adolescents)
   - Cervix (pubertal adolescents)

   - Discharge

5. Male Genitals
   - WNL
   - ABN
   - Describe
   - Penis
   - Circumcised
   - Uncircumcised
   - Foreskin
   - Glands Penis
   - Penile Shaft
   - Urethral meatus
   - Scrotum
   - Testes
   - Discharge

6. Female/Male Anus and Rectum
   - Exam positions
     - Supine
     - Supine knee chest
     - Prone knee chest
     - Lateral recumbent
   - Exam methods:
     - Moistened swab
     - Toluidine blue dye
     - Anoscopy

   - Buttocks
   - Perianal skin
   - Anal verge/folds
   - Rectum
   - Anal dilation
   - Stool present in rectal ampulla

7. Medical Lab Tests Performed
   - STD Cultures
   - GC
   - Chlamydia
   - Other
   - Describe:

   - Oral
   - Vestibular
   - Vaginal
   - Cervical
   - Rectal
   - Penile
   - Wet mount
   - Serology
   - Syphilis
   - HIV
   - Hepatitis
   - Pregnancy test
   - Blood
   - Urine

M. TOXICOLOGY SAMPLES
   - Urine Toxicology
     - No
     - Yes

N. PHOTO DOCUMENTATION METHODS
   - Body
   - No
   - Yes
   - Colposcope/35mm
   - Macrolens/35mm
   - Colposcope/Videocamera
   - Other Optics
   - Photographed by:

O. PRINT NAMES OF PERSONNEL INVOLVED
   - History taken by:
   - Exam performed by:
   - Telephone:
   - Signature of Examiner:
   - License No.