

# APPENDIX 4

## Medical History and Examination Form

**CONFIDENTIAL**

CODE:

### 1. GENERAL INFORMATION

First name:		Last name:	
Address			
Sex:	Date of birth:	Age:	
Date / time of examination		/	In the presence of:

*In case of a child include: name of school, name of parents or guardian*

### 2. THE INCIDENT

Date of incident:		Time of incident:		
Description of incident ( victim's/survivor's description)				
<i>Physical violence</i>	Yes	No	Describe type and location on body	
Type (beating, biting, pulling hair, etc.)				
Use of restraints				
Use of weapon(s)				
Drugs/alcohol involved				
Penetration	Yes	No	Not sure	Describe (oral, vaginal, anal, type of object)
Penis				
Finger				
Other (describe)				
	Yes	No	Not sure	Location (oral, vaginal, anal, other).
Ejaculation				
Condom used				

*If the victim/survivor is a child, also ask: Has this happened before? For how long? Who did it? Is the person still a threat? etc. Also ask about bleeding from the vagina or the rectum, pain on walking, dysuria, pain on passing stool, signs of discharge, etc.*

## 3. MEDICAL HISTORY

After the incident, did the victim/ survivor	Yes	No		Yes	No
Vomit			Rinse mouth		
Urinate			Change clothing		
Defecate			Wash or bathe		
Brush teeth			Use sanitary material		
<b>Contraceptive use</b>					
Pill			IUD		
Injection			Other (specify)		
<b>Menstrual history</b>					
Last menstrual period		Menstruation at time of incident		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence of pregnancy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of weeks pregnant _____ weeks		
<i>History of consenting intercourse (only if samples have been taken for DNA analysis)</i>					
Last consenting intercourse within a week prior to the assault		Date		Name of individual	
Existing health problems					
History of female genital mutilation, type					
Allergies					
Current medication					
Vaccinations status	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unknow	Comments	
Tetanus					
Hepatitis B					
HIV/AIDS status	Positive	Negative	Unknow		

**4. MEDICAL EXAMINATION**

<p><b>Appearance (clothing, hair, etc., obvious physical or mental disability?)</b></p>		
<p><b>Mental state (calm, crying, anxious, co-operative, etc.)</b></p>		
<b>Weight</b>	<b>Height</b>	<b>Pubertal stage (pre-pubertal, pubertal, mature):</b>
<b>Pulse rate</b>	<b>Blood pressure</b>	<b>Respiratory rate</b> <b>Temperature</b>
<p><b>Physical findings</b>                  Describe systematically, and draw on the attached body pictograms, the exact location of all wounds, bruises, petechiae, marks, etc. Document type, size, colour, form and other particulars. Be descriptive, do not interpret the findings.</p>		
<b>Head and face</b>		<b>Mouth and nose</b>
<b>Eyes and ears</b>		<b>Neck</b>
<b>Chest</b>		<b>Back</b>
<b>Abdomen</b>		<b>Buttocks</b>
<b>Upper extremities</b>		<b>Lower extremities</b>

Appendix 1

Appendix 1.1

Appendix 2

Appendix 3

Appendix 4

**5. GENITAL AND ANAL EXAMINATION**

Vulva/scrotum	Introitus and hymen	Anus
Vagina/penis	Cervix	Bimanual/rectovaginal examination
Position of patient (supine, prone, knee-chest, lateral, mother's lap)		
For genital examination:		For anal examination:

**6. INVESTIGATIONS DONE**

Type and location	Examined/sent to lab	Result

**7. EVIDENCE TAKEN**

Type and location	Sent to.../stored	Collected by (name)/date

**8. TREATMENTS PRESCRIBED**

Treatment	Yes	No	Type and Comments
STI prevention			
Emergency contraception			
Wound treatment			
Tetanus prophylaxis			
Hepatitis B vaccination			
Other			

**9. COUNSELLING, REFERRALS, FOLLOW-UP**

General psychological status					
Victim/Survivor plans to report to police OR has already made report			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Victim/Survivor has a safe place to go	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has someone to accompany	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Counselling provided					
Referrals					
Follow-up required					
Date of next visit					

Name of health worker conducting examination/interview: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SUGGESTED RESOURCES

## I. UNHCR DOCUMENTS

### I.1. Executive Committee Conclusions

- 'Conclusion on International Protection', no. 85 (XLIX), 1998.
- 'Conclusion on Registration of Refugees and Asylum-Seekers', no. 91 (LII), 2001.
- 'General Conclusion on International Protection', no. 87 (L), 1999.
- 'General Conclusion on International Protection', no. 81 (XLVIII), 1997.
- 'Refugee Children and Adolescents', no. 84 (XLVIII), 1997.
- 'Refugee Protection and Sexual Violence', no. 73 (XLIV), 1993.
- 'Refugee Women', no. 60 (XL), 1989.
- 'Refugee Women', no. 54 (XXXIX), 1988.
- 'Refugee Women and International Protection', no. 64 (XLI), 1990.
- 'Refugee Women and International Protection', no. 39 (XXXVI), 1985.

### I.2. Policies and Guidelines

- 'Building Partnerships Through Equality. UNHCR Good Practices on Gender Mainstreaming', 2000.
- 'Camp Security and Refugee Guidelines – Vulnerable Groups', 2001.
- 'Designing Protection Strategies and Measuring Progress: Checklist for UNHCR Staff', July 2002.
- 'Guidelines on Applicable Criteria and Standards Relating to the Detention of Asylum Seekers' (revised), February 1999.
- 'Guidelines on International Protection: "Gender-Related Persecution within the Context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol Relating to the Status of Refugees"', UNHCR/GIP/02/01, 7 May 2002.
- 'Guidelines on the Protection of Refugee Women', 1991.