APPENDIX F: RMMCH MEDICAL REPORT

AFFIDAVIT IN TERMS OF SECTION 212(4) OF ACT 51 OF 1977 (AS AMENDED)

I,_____

hereby make oath and state:

I am a registered medical practitioner practising in the district of _____ and am in the service of the State/provincial administration/in the service or attached to the South African Institute for Medical Research/a university in the Republic (Please delete which is not applicable).

_____ (*State capacity e.g. District Surgeon)*

On the _____ day of _____ 20___ and

at_____ I examined _____

I recorded my findings and observations on form _____, which I attached hereto. The facts recorded on the form were established by an examination requiring skills in physics and anatomy.

I know and understand the contents of the declaration.

I have no objection to taking the prescribed oath and

I consider the prescribed oath as binding on my conscience.

_____

SIGNATURE

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration that was sworn to before me and the deponent's signature was placed thereon in my presence.

_____

COMMISSIONER OF OATHS

FULL NAMES: _____

G.P.-S. 002-0350 SAP 308

SUID-AFRIKAANSE POLISIE SOUTH AFRICAN POLICE

ONDERSOEK IN 'N GEVAL VAN BEWEERDE AANRANDING OF ANDER MISDAAD
EXAMINATION IN A CASE OF ALLEGED ASSAULT OR OTHER CRIME

Ek,
I,.....

Ouer/Voog van Ouderdom
Parent/Guardian of ..... Age .....

verleen hiermee toestemming dat hy/sy/ek volledig deur die distriksgeneesheer van
hereby consent to his/my/her being subjected to examination by the district surgeon of .....

ondersoek word en dat die bevindinge vir strafregtelike verrigtinge genotuleer mag word.
and to the recording of findings for criminal proceedings.

Ek verleen ook toestemming vir die neem van alle monsters, soos benodig, vir laboratoriumtoetse asook vir die
I also consent to the collection of all necessary specimens for laboratory tests and for the taking of necessary
neem van die nodige foto's van beserings wat verband hou met die rede vir hierdie ondersoek.
photographs of injuries related to the reason for this examination.

Plek
Place .....

Datum
Date..... .....
Handtekening/Signature

Getuies:
Witnesses: (1)..... (2) .....

Ek, No. 'n lid van die
I, No. .....a member of the

Suid-Afrikaanse Polisie, versoek hiermee die distriksgeneesheer van die distrik
South African Police, hereby request the district surgeon of the district .....

om die klaer/klaagster in 'n saak van
to examine ....a complainant in a case of

.....te ondersoek.

Plek
Place .....

Datum
Date..... .....
Handtekening/Signature

Besonderhede van saak/Particulars of case .....

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CHILD ABUSE MEDICAL REPORT

RAINBOW CLINIC

RAHIMA MOOSA MOTHER AND CHILD HOSPITAL

HOSPITAL ADDRESS : Cnr Oudtshoorn Street & Fuel Road, Coronationville.

TEL NO : 011 470 9000

EXAMINING DOCTOR : …… **CONTACT DETAILS:** ……

QUALIFICATIONS & HPCSA REG NO : ……

HISTORY:

NAME: …….. HOSPITAL NO: ……..

AGE: …… SEX: …… ACCOMPANIED BY: ……

DATE: …….. TIME: ……..

REFERRED BY: …….. INFORMANT: ……

SCHOOL / CRECHE / DAYCARE: …… GRADE: ……..

REASON FOR VISIT TODAY: ……..

PAST MEDICAL HISTORY: ……

PAST SURGICAL HISTORY: ……..

PAST HISTORY OF TRAUMA: ……

CHILDHOOD ILLNESSES: ……..

IMMUNISATIONS: ……

SOCIAL HISTORY:

FAMILY STRUCTURE: ……

EXTENDED FAMILY & LODGERS: ……

HOUSING CONDITIONS: ……..

SIGNED: ……..

2

SYSTEMATIC HISTORY:

SKIN DISEASES: …… ALLERGIES: ……..

UROGENITAL:

GENITAL DISCHARGE: …….. DYSURIA: ……..

GENITAL BLEEDING: …….. MASTURBATION: ……..

RECURRENT UTIs: …….. ENURESIS: ……..

NAPPIES / TOILET TRAINED: ……..

MENSTRUAL HISTORY:

LMP: …… CONTRACEPTION: …….. USE OF TAMPONS: ……..

GIT:

APPETITE: …… ABDOMINAL PAIN: ……

WORMS: …… ENCOPRESIS: ……..

CONSTIPATION: ……

CNS:

BEHAVIOURAL CHANGES: ……

……

SLEEP PATTERNS: ……..

SCHOOL PERFORMANCE: ……..

DEVELOPMENTAL DELAYS: ……

SEIZURES: ……

SYMPTOMS OF DEPRESSION: ……

RESPIRATORY: ……

CARDIAC: ……

MUSCULOSKELETAL INCL HISTORY OF FRACTURES: ……

SIGNED: ……..

3

HISTORY OF ABUSE:

DATE: …….

PLACE INCIDENT OCCURRED: ……..

TYPE OF ABUSE: …….

ALLEGED PERPETRATOR/S: ……

PREVIOUS ABUSE: ……

SUBSEQUENT ABUSE: ……

INTERPRETER USED: YES / NO

DETAILS OF ABUSE (SPECIFY FROM WHOM HISTORY IS OBTAINED):

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SIGNED: ……..

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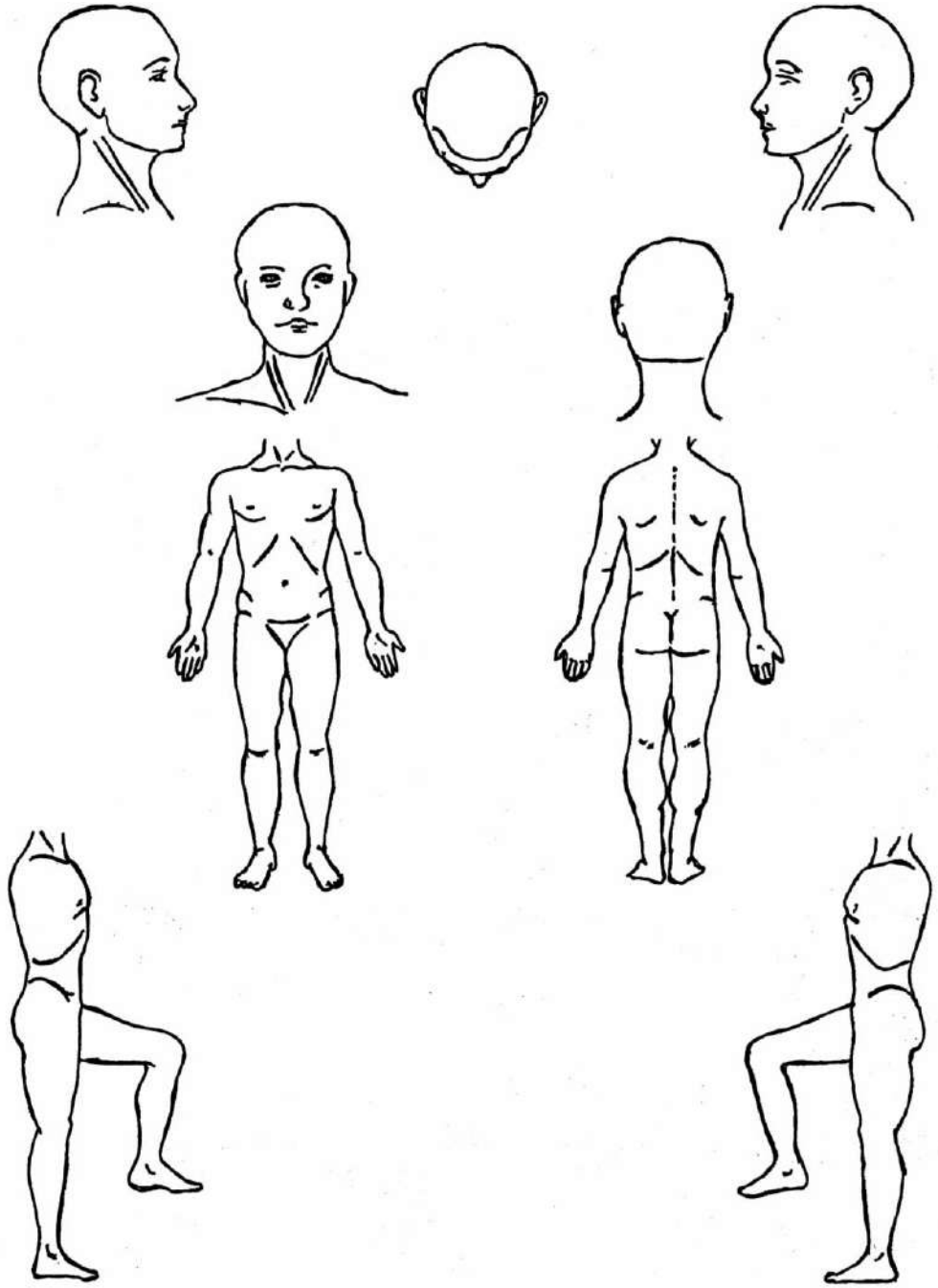
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SIGNED: ……..

5

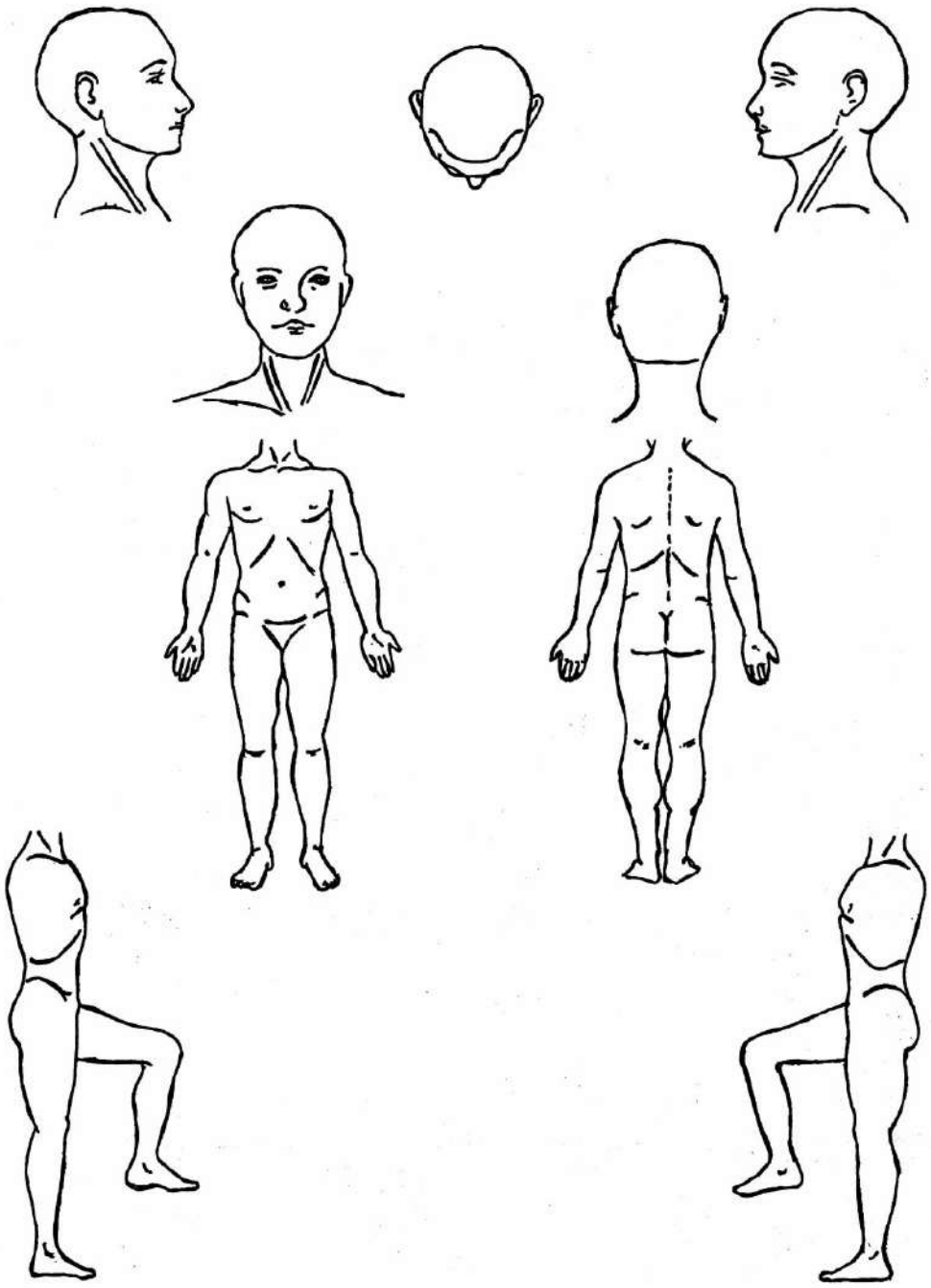
RECORD OF **RECENT** INJURIES: INDICATE REDNESS, SWELLING, ABRASIONS, LACERATIONS, BRUISING, BITE MARKS, OBJECT IMPRINTS, BURNS & FRACTURES.



SIGNED: ……..

6

RECORD OF **HEALED** INJURIES: INDICATE SCARS, OLD FRACTURES.



SIGNED: ……..

FEMALE GENITAL EXAMINATION:

POSITION EXAMINED IN: SUPINE (FROG-LEG): …….. KNEE-CHEST: ……

DESCRIBE:

STATE OF UNDERWEAR: ……..

INITIAL GAPING: ……..

VAGINAL DISCHARGE: ……..

BLEEDING: ……

BRUISING: ……

LACERATIONS / ABRASIONS: ……

OEDEMA: ……

SYNECHIAE: ……

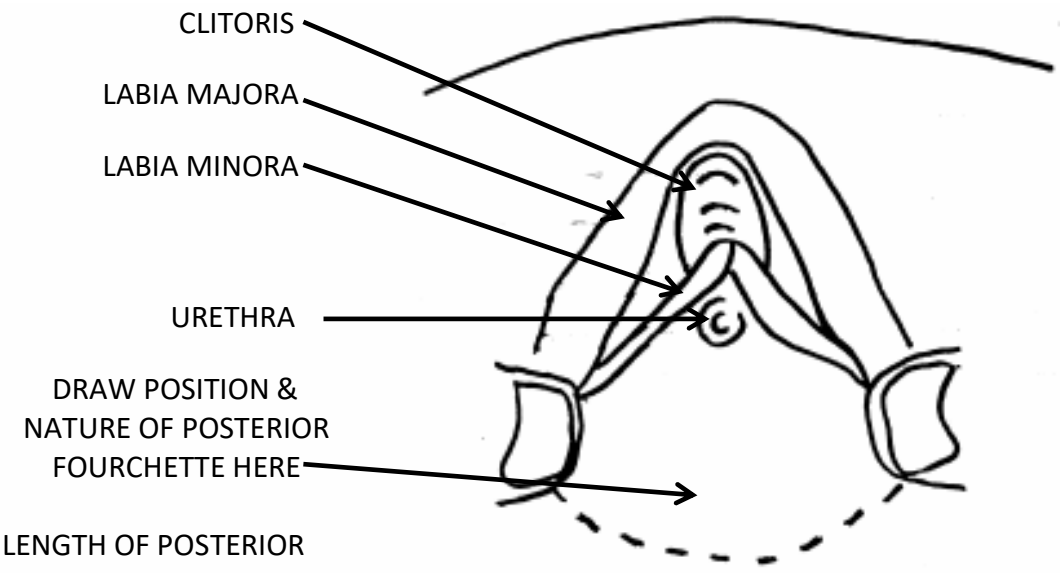
POSTERIOR FOURCHETTE: ……..

HYMENAL TEARS: ……..

HYMENAL OEDEMA: ……

HYMENAL DIAMETER IN MM (WITH MINIMAL TRACTION): ……

INDICATE ABOVE AND OTHER FINDINGS DIAGRAMMATICALLY:



LENGTH OF POSTERIOR HYMENAL RIM = ……..MM:

SIGNED: ……

8

ANAL EXAMINATION:

POSITION EXAMINED IN: ……..

DESCRIBE:

BLEEDING: ……..

BRUISING: ……

OEDEMA: ……..

LACERATIONS / ABRASIONS: ……..

FISSURES: ……..

SKIN TAGS: ……..

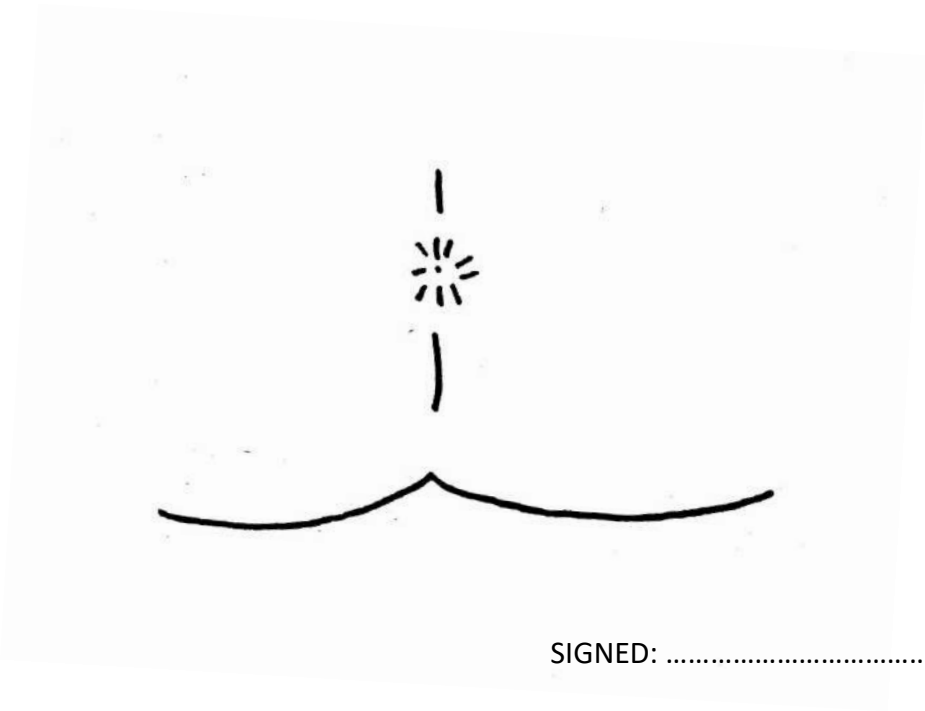
DILATED VEINS: ……..

LOSS OF ANAL FOLDS: ……

ANAL TONE: ……..

REFLEX DILATATION: …… DIAMETER IN MM: ……..

INDICATE ABOVE AND OTHER FINDINGS DIAGRAMMATICALLY:



SIGNED: ……..

9

MALE GENITAL EXAMINATION:

PENIS: DESCRIBE:

DISCHARGE: ……..

BLEEDING: ……

OEDEMA: ……

BRUISING: ……

LACERATIONS: ……

SCARRING: ……..

OTHER: ……..

SCROTUM: DESCRIBE:

BLEEDING: ……

OEDEMA: ……

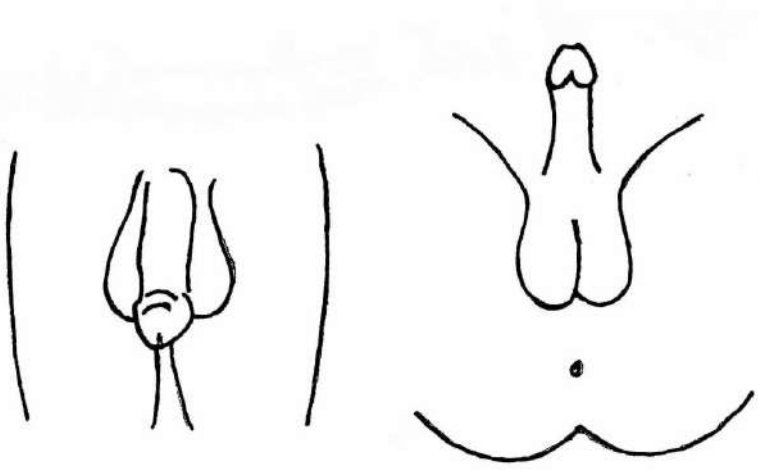
BRUISING: ……

LACERATIONS: ……

SCARRING: ……

OTHER: ……

INDICATE ABOVE AND OTHER FINDINGS DIAGRAMMATICALLY:



SIGNED: ……

10

ASSESSMENT:

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CONCLUSION:

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PLAN OF ACTION:

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SIGNED: ……..

INVESTIGATIONS:

INVESTIGATION – SELECT ACCORDING TO CASE	TICK	RESULTS
1. CRIME KIT NO: **NB!** INCLUDE CLOTHING	……	
2. SWABS: (NAAT FOR GC / CHLAMYDIA) • ORAL • VAGINAL • ANAL	…… …… ……	…… …… ……
3. URINE: • **NB EARLY STREAM** FOR NAAT FOR GC / CHLAMYDIA) • DIPSTIX • MC&S – **NB** REQUEST MICRO FOR SEMEN • βHCG	…… …… …… ……	…… …… …… ……
4. BLOODS: • FBC / DIFF / PLTS • PI / PTT • WR • HEP B • HIV • βHCG • OTHER	…… …… …… …… …… …… ……	…… …… …… …… …… …… ……
5. SKELETAL SURVEY	……	……
6. PHOTOGRAPHS	……	……

SIGNED: .....