APPENDIX G: J88

J88

G.P.S. 01/02

J88
(81/805259)

REPUBLIC OF SOUTH AFRICA

Police Station: ..... CAS/ No ..... / ..... / .....
Name of Investigating officer: ..... Contact No: .....

REPORT ON A MEDICO-LEGAL EXAMINATION BY A HEALTH CARE PRACTITIONER

To be diligently completed electronically or in legible handwriting and signed on every page

PART I

CERTIFICATE IN TERMS OF SECTIONS 212(4), 212(8) AND 213(3) OF ACT 51 OF 1977 (AS AMENDED)

I, ...

(Full names and Surname)

hereby certify as follows:

- I am in the service of the *State/in the service of or attached to a university in the Republic in my capacity as *registered medical practitioner/nurse/other *(please specify)* .....

- On the ..... day of ..... *(month)* ..... *(year)* at ..... H..... *(time of examination)*

- and at ..... *(state place where examination took place)*, I examined the person indicated in Part II, Paragraph B.1 (page 2 of 6) of this **J88** form.

- I recorded my findings and observations on pages 2 to 6 of this **J88** form and any additional pages indicated. The facts recorded on pages 2 to 6 of this **J88** form, including any additional pages used where indicated, were established by means of an examination requiring skill in anatomy and pathology.

- In the performance of my official duties:

* a) I received and collected from ..... *(name of person/institute/ State department or body)* clothing; object/s; specimens and/or tissue described in this **J88** form.

* b) I delivered or dispatched to ..... *(name of person/institute/ State department or body)* the clothing, object/s, specimens and/or tissue specified in this **J88** form.

- * I packed and marked the clothing; object/s; specimens and/or tissue in the manner described in this **J88** form.

The contents of this **J88** form is true to the best of my knowledge and belief and I am making this statement knowing that, if it were tendered in evidence, I would be liable to prosecution if I willfully stated in it anything I knew to be false or which I do not believe to be true.

DATED AT ..... *(place)* ON THE ..... DAY OF ..... *(month)* ..... *(year)*
AT ..... H ..... *(time)*.

.....	.....	
SIGNATURE OF HEALTH CARE PRACTITIONER	PRINT NAME AND SURNAME	STAMP OF HEALTH CARE PRACTITIONER

(NB: Section 212(4) and 212(8) provide for a certificate issued in terms of either of these sections to constitute, upon its production at criminal proceedings, prima facie proof of the facts alleged.)

* ***Delete which is/are not applicable***

PART II

DETAILS OF MEDICO-LEGAL EXAMINATION

A. DETAILS OF PRACTITIONER AND FACILITY

1. Name of health facility/practice:	2. Physical address of facility/practice:
3. Telephone number of facility/practice:	4. Fax number of facility/practice:
5. Qualifications of practitioner:	6. Registration number of practitioner:
7. Cellular phone number of practitioner:	8. Email of practitioner:
9. Fax number for practitioner:	10. Health care facility/practitioner's patient record no:

B. PATIENT INFORMATION

1. **Full names and surname** (of patient):	**Consent to Examination:** *Signature of patient*
2. Gender of patient: Male / Female	3. Date of birth/age of patient:
4. Patient accompanied by:	5. People present during examination and capacity:

C. MEDICAL HISTORY

1. Intellectual disability noted:

None	Yes	No
Possible impairment	Yes	No
Definite impairment	Yes	No

Specify:

2. Other impairments or disabilities noted:

Hearing impairment	Yes	No
Visual impairment	Yes	No
Mental illness	Yes	No
Other disability	Yes	No

Specify:

3. Relevant medication taken:

4. Relevant medical history that can assist with differential diagnosis (State source & method of obtaining information e.g. patient him/herself, third persons: e.g. parent or caregiver, medical records or combination. Indicate if an interpreter was used as well as the language that was interpreted):

5. History of the alleged assault and/or rape e.g. date and time (State source & method obtaining information e.g. patient him/herself, third persons: e.g. parent or caregiver, medical records or combination. Indicate if an interpreter was used as well as the language that was interpreted):

Signature of health care practitioner

D. HISTORY OF RELEVANCE TO A SEXUAL OFFENCE (delete if not applicable)

1. Since the alleged offence took place has the patient:

Wiped	Yes / No	Bathed/washed	Yes / No
Urinated	Yes / No	Defecated	Yes / No
Showered	Yes / No	Swam	Yes / No
Been exposed to rain	Yes / No		

2. Menstruating
   - At time of alleged sexual offence: Yes / No
   - Since the alleged sexual offence: Yes / No
   - Currently menstruating: Yes / No

3. During alleged sexual offence was:
   - Condom used: Yes / No
   - Lubricant used: Yes / No

4. Currently pregnant: Yes / No
   If yes, indicate Duration: __ weeks

5. Ever had vaginal delivery: Yes / No
   If yes, indicate Number: __

E. GENERAL EXAMINATION

1. Physical Appearance
   a. Height _____ cm b. Weight _____ kg
   c. General body build: *Frail /Normal /Muscular /Obese /Other: _____ Percentiles (children only): _____

2. Clothing
   a. Left clothes at the scene: Yes / No (If yes, move to section E 3)
   b. Changed clothes: Yes / No

If clothing is available:

c. Torn/ripped/damaged: Yes / No Specify item of clothing: _____
Describe: .....

d. Stained: Yes / No Specify item of clothing: _____
Possibly blood: Yes / No Swabbed: Yes / No
Describe where on clothing: .....

Possibly semen Yes / No Swabbed: Yes / No
Describe where on clothing: .....

Other: Yes / No Swabbed: Yes / No
Nature of specimen: _____
Describe where on clothing: .....

e. Clothing collected for Forensic analysis Yes / No } **Record sample seal number in Section H**
If yes, list the items: .....

3. Clinical evidence of drugs / alcohol **at time of examination** (e.g. Nystagmus, ataxia, slurred speech, dilated pupils): .....

Intoxicated / drugged	Yes / No	
Blood samples taken	Yes / No	} **Record sample seal number in Section H**
Alcohol evidence collection kit completed	Yes / No	
Urine samples taken	Yes / No	

* ***Delete which is/are not applicable***
Mark appropriate block

Signature of health care practitioner

F. CLINICAL FINDINGS

Clinical findings: Describe the nature, position, extent and estimated age of the abrasion, bruise, cuts, laceration, scars or other injury together with its possible causation (add pages if required). Indicate whether any of the injuries are life threatening. The general position of all injuries must be noted on the sketches .....

G. SPECIFIC EXAMINATIONS

G.1 ORAL EXAMINATION (delete if not applicable)

1. Gums	2. Frenulum of tongue
3. Frenulum of upper and lower lips	4. Tongue
5. Palate	6. Teeth
7. Inside of cheeks	8. Other

G.2 ANAL EXAMINATION (delete if not applicable)

1. Perineum	
2. Acute injuries:	
3. Mucocutaneous changes:	
Skin surrounding orifice:	Orifice:
4. Venous engorgement	
5. Dilatation	

G.3 MALE GENITALIA EXAMINATION (delete if not applicable)

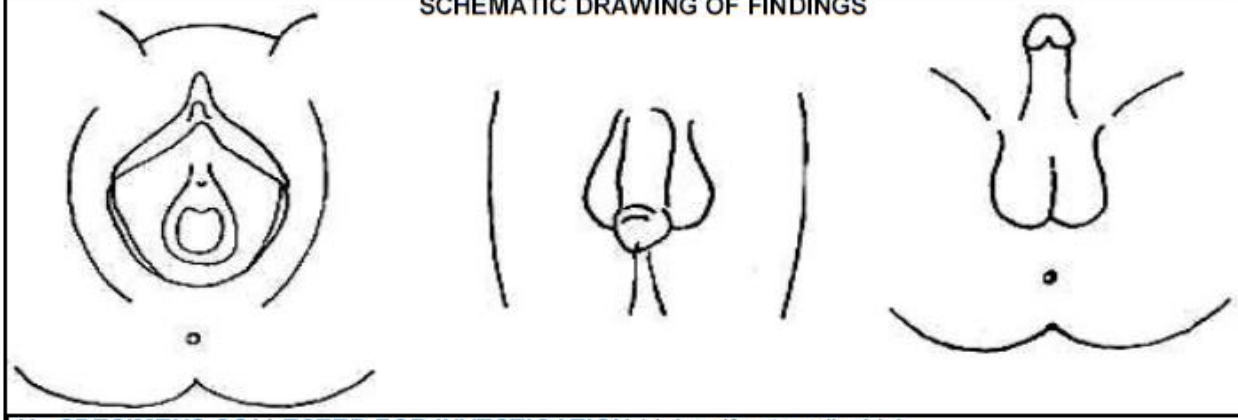
1. Genital development (children) Tanner stage 1-5: ☐	2. Pubic hair (children) Tanner Stage 1-5: ☐
3. Prepuce & frenulum	4. Glans
5. Shaft	6. Scrotum

Signature of health care practitioner

G.4 GYNAECOLOGICAL EXAMINATION (delete if not applicable)

1. Breast development (children) Tanner stage 1-5: ☐	2. Pubic hair (children) Tanner Stage 1-5: ☐
3. Mons Pubis	4. Clitoris
5. Frenulum of clitoris	6. Urethral orifice
7. Labia Majora	8. Labia Minora
9. Posterior fourchette/Commissure	10. Vestibule Fossa navicularis Paraurethral area
11. Hymen Configuration: Posterior rim: Margin or edge of hymen:	
12. Vagina	13. Discharge (describe)
14. Cervix	15. Other injuries noted:

SCHEMATIC DRAWING OF FINDINGS



H. SPECIMENS COLLECTED FOR INVESTIGATION (delete if not applicable)

1. Sexual assault evidence collection kit seal no./ sticker	2. Alcohol collection kit seal no./ sticker
3. Clothing kit seal no./ sticker	4. Urine and/or other samples (specify & provide seal no.)

I. TECHNOLOGY USED (delete if not applicable)

Photographs taken Yes / No Name of photographer:	Colposcope used Yes / No Toluidine Blue used Yes / No Other (specify):

J. ADDITIONAL PAGES USED AND ATTACHED

Number of pages added: .....

K. CONCLUSIONS (take account of history and all findings, both positive and negative)

Motivate reasons for conclusions made: .....

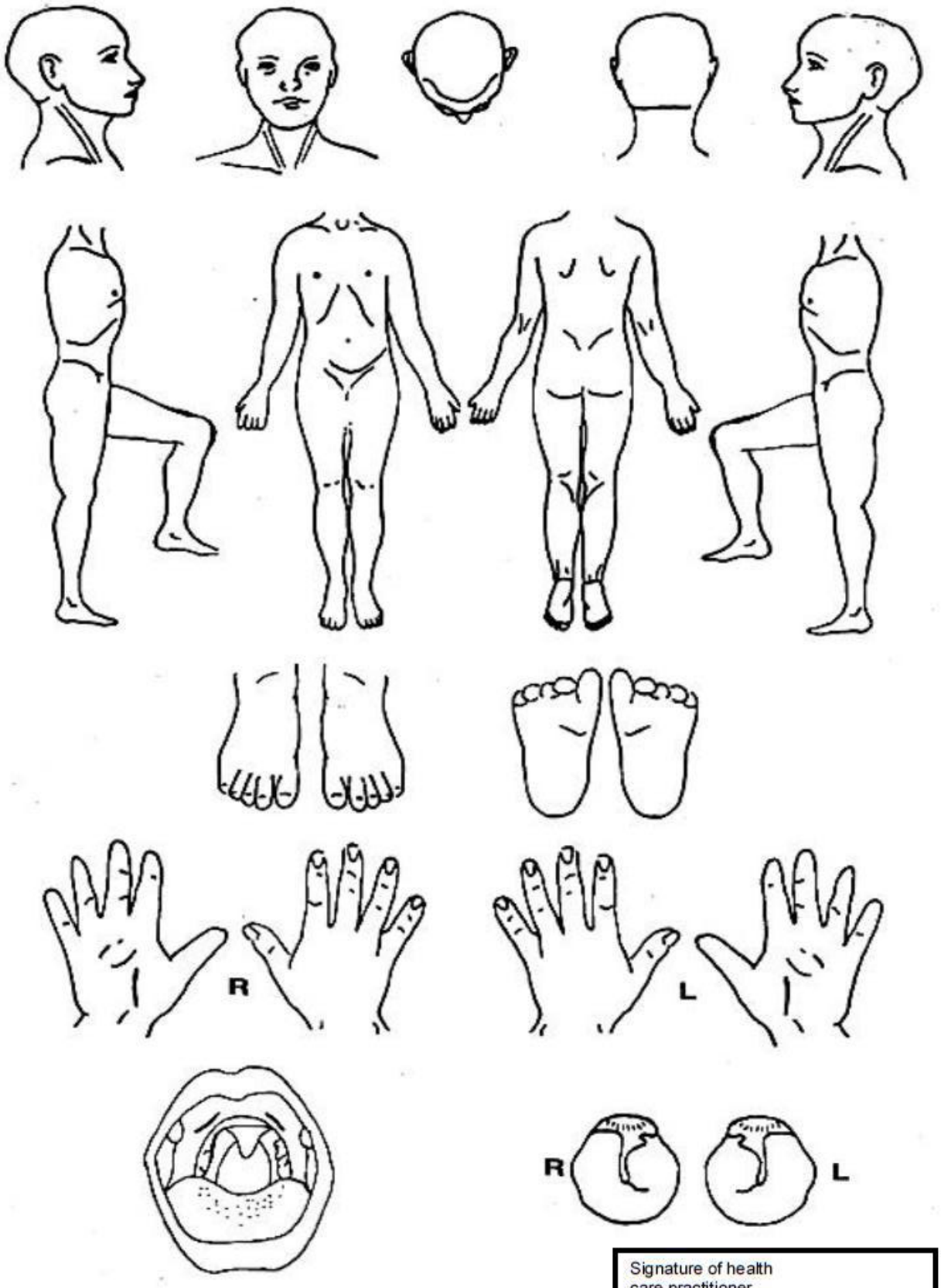
L. TRANSFER DETAILS

J88 form handed to:

Name: Rank:

Signature: Contact No.:

Signature of health care practitioner



Signature of health care practitioner