



## REPUBLIC OF SOUTH AFRICA

**REPORT BY AUTHORISED MEDICAL PRACTITIONER ON THE  
COMPLETION OF A MEDICO-LEGAL EXAMINATION**

*To be completed in legible handwriting and signed on every page*

**A. DEMOGRAPHIC INFORMATION**

1. Police station:	2. CAS No.:	3. Investigating officer: Name and number:	4. Time :            Day    Month    Year
5. Name (Capacity) e.g. Nurse, Doctor, etc			10. Physical practice address or stamp:
6. Registered qualifications:			
7. Phone number:			
8. Fax number:			
9. Place of examination:			
11. Full names of person examined:		12. Gender:    M            F	13. Date of birth/apparent age:

**B. GENERAL HISTORY**

1. Relevant medical history and medication:

**C. GENERAL EXAMINATION**

1. Condition of clothing:

2. Height (cm):

3. Mass:

4. General body build:

5. Clinical findings: In every case the nature, position and extent of the abrasion, wound or other injury must be described and noted together with its probable date and manner of causation. The position of all injuries and wounds must also be noted on the sketches.

6. Mental health and emotional status:

7. Clinical evidence of drugs or alcohol:

8. CONCLUSIONS

*Signature (Capacity e.g. Nurse)*

**D. HISTORY IN CASE OF ALLEGED SEXUAL OFFENCE****2**

1. Age of menarche	2. Number of pregnancies	3. Number of deliveries	4. Duration of pregnancy (if applicable) weeks
5. Contraception (indicate with X): Yes      No		7. First date of last menstruation:	
6. Method and last date of application/ingestion:		8. Duration of period	9. Duration of cycle
10. Date and time of last intercourse with consent:	11. Number of consensual sexual partners during last 7 days:	12. Condoms: Yes      No	
13. Since the alleged offence took place, has the person (indicate with X)      bathed      washed      douched      showered      urinated      changed clothing			

**E. GYNAECOLOGICAL EXAMINATION (State clinical findings)**

1. Breast development: Tanner stage 1-5	2. Pubic hair: Tanner stage 1-5	3. Mons pubis:
4. Clitoris	5. Frenulum of clitoris:	
6. Urethral orifice:	7. Para-urethral folds:	
3. Labia majora:	9. Labia minora:	
10. Posterior fourchette: scarring:	bleeding:	
tears:	increased friability:	
11. Fossa navicularis:		
12. Hymen: configuration:	13. Opening diameter (mm): Transverse	Vertical
14 Swelling:	15. Bumps:	16. Clefts:
17. Fresh tears (position):	18. Synechiae:	19. Bruising:
20. Vagina: Number of fingers admitted:	bleeding:	tears:
	discharge:	
21. Cervix:	erosion:	discharge:
	bleeding:	other:
22. Perineum:		

**F. SAMPLES TAKEN FOR INVESTIGATION**

1. Forensic specimens taken: Urine sample for pregnancy test:      Positive      Negative	Seal number of Evidence Collection Kit:
2. Specimens handed to:      Name:      Rank and Force number:	
Signature:	

**3. CONCLUSIONS**

Signature (Capacity e.g. Nurse)

**G. ANAL EXAMINATION (State clinical findings)**

SKIN SURROUNDING THE ORIFICE

- |                     |                         |                        |
|---------------------|-------------------------|------------------------|
| 1. Hygiene          | 4. Abrasions:           | 7. Redness/erythema:   |
| 2. Pigmentation:    | 5. Scars:               | 8. Bruising/haematoma: |
| 3. Fissures/cracks: | 6. Swelling/thickening: | 9. Tags:               |

ORIFICE

- |   |  |                          |
|---|--|--------------------------|
| 10. Tears/fissures:                         | 13. Reflex dilatation:                 | 16. Twitchiness/winking: |
| 11. Swelling/thickening of rim (tyre sign): | 14. Shortening/eversion of anal canal: | 17. Discharge:           |
| 12. Funneling:                              | 15. Cupping:                           |                          |

DIGITAL EXAMINATION

- |  |                               |
|--|-------------------------------|
| 18. Presence of hard faeces in rectum: | 20. Thickening of anal verge: |
| 19. Laxity (pressure on anal orifice): | 21. Tone (sphincter grip):    |

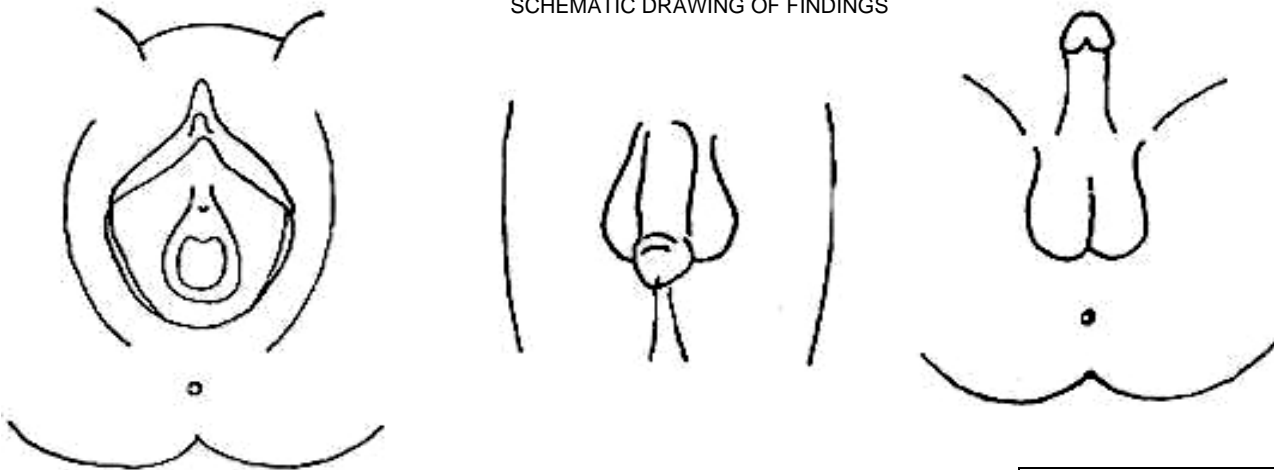
22. CONCLUSIONS

**H. MALE GENITALIA**

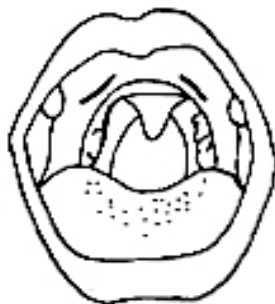
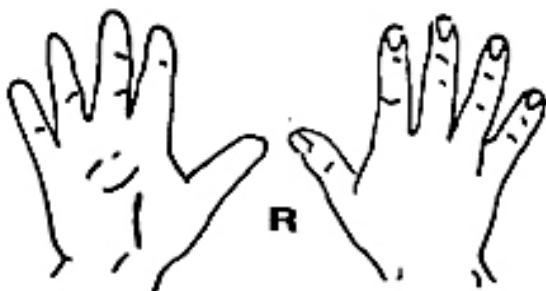
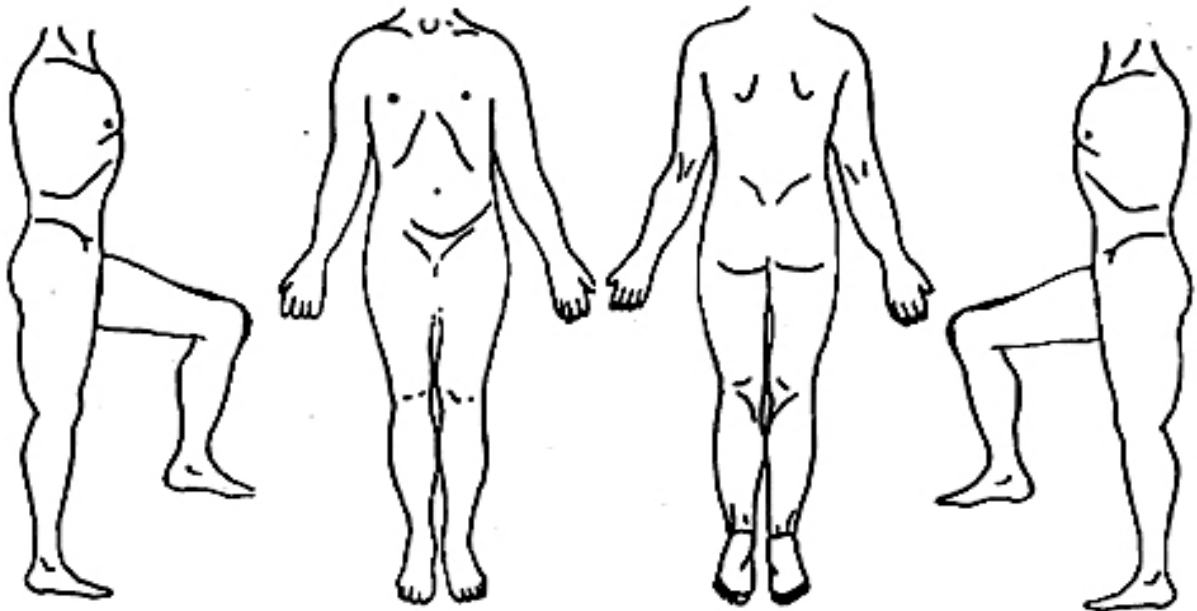
- |  |                                 |                           |
|--|---------------------------------|---------------------------|
| 1. Genital development: Tanner stage 1-5 | 6 Pubic hair: Tanner stage 1-5: | 11. Prepuce and frenulum: |
| 2. Glans:                                | 7. Shaft:                       | 12. Scrotum:              |
| 3. Testes:                               | 8. Epididymus:                  | 13. Vas deferens:         |
| 4. Ulceration:                           | 9. Penile discharge:            | 14. Smegma:               |
| 5. Presence of faeces:                   | 10. Circumcision:               | 15. Urethral orifice:     |

16. CONCLUSIONS

SCHMATIC DRAWING OF FINDINGS



Signature (Capacity e.g. Nurse)



Signature (Capacity e.g. Nurse)

POLICE STATION: ..... CAS NO.: ..... / ..... / ..... INVESTIGATING OFFICER .....

**\*\*\*CERTIFICATE IN TERMS OF SECTION 212(4) 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 / provincial administration / in the service of or attached to the South African Institute for Medical Research / a university in the Republic (\*Delete which is not applicable) in my capacity as a \*District Surgeon / Registered Medical Practitioner / Doctor / Nurse / Other (Please specify) .....  
(\* Delete which is not applicable)

On the ..... day of ..... year ..... at \* ..... H..... (\*Time of examination)  
and at ..... (\*State place where examination took place),  
I examined ..... (\*State full names of person examined).

I recorded my findings and observations on the preceding pages 1 to 4 of this **J88** form.

The facts recorded on pages 1 to 4 of the **J88** form were established by an examination requiring skill in anatomy.

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  
..... year ..... AT \* ..... H ..... (\*TIME).

.....  
SIGNATURE OF DECLARENT  
.....  
PRINT NAME AND SURNAME

**\*\*\* (NB: Section 212(4)(a)(i) to (v); of Act 51 of 1977:**  
**" Whenever any fact established by any examination or process requiring any skill-  
.... in ,anatomy...a (n) affidavit made ... shall, upon its mere production ... be prima facie proof of such  
fact: Provided that the person who may make such affidavit may, in any case in which skill is required  
in ..., anatomy ..., issue a certificate in lieu of such affidavit..."**

J88

ADMISSIBILITY BY CONSENT I.T.O. SEC 21 3(3)  
READ WITH SEC 213(2)(a) OF THE CPA

"I .....DECLARE THAT I HAVE  
CONDUCTED THE ABOVE-MENTIONED EXAMINATION REFERED TO  
IN THE J88, ON ..... (Name of patient),  
IN PERSON ON .....(Date) AND THAT THE  
CONTENTS OF THIS FORM (J88) IS TRUE TO THE BEST OF MY  
KNOWLEDGE AND BELIEF AND THAT I AM MAKING THIS STATEMENT  
KNOWING THAT, IF IT WERE TENDERED IN EVIDENCE, I WOULD BE  
LIABLE TO PROSECUTION IF I WILFULLY STATED IN IT ANYTHING I  
KNEW TO BE FALSE OR WHICH I DO NOT BELIEVE TO BE TRUE.

SIGNED: .....

PRINT NAME AND SURNAME: .....

DATE: .....