



Country:
Name of the medical structure or project:

SEXUAL VIOLENCE MEDICAL CERTIFICATE – ADULT/ MINOR

Based on the medical file

Confidential document covered by medical confidentiality

Last name and first name of the patient:

Date of birth:/...../..... Age: Sex: M F Patient code:.....

Address of the patient:

Last name, first name of the accompanying person if the patient is a minor:

Relationship to the patient minor and the accompanying person (father, mother, other...):
.....

Date of the initial medical examination: ____/____/____

I, the undersigned, (last name, first name), MSF medical staff, certify that the medical file of the aforementioned patient who declared having been victim of sexual assault on ____/____/____ includes the following elements:

During the consultation, the patient declared that: *The whole story must be transcribed in an absolutely identical way than in the medical certificate (same level of detail + using the words of the patient).*
“

(If minor) During the consultation, the accompanying person declared that: *The whole story must be transcribed in an absolutely identical way than in the medical certificate (same level of detail + using the words of the accompanying person).*
“

(If necessary, continue transcribing the patient’s narrative or the accompanying person’s one on page 2)

At the time of medical examination, the patient presented the following signs:

– **On examination of the general behaviour:**

– **On clinical/ physical examination:**

– **On genital/ anal examination:**

– **Samples / swabs taken:**

Optional conclusion

The examination of the patient revealed physical marks and a psychic reaction that are compatible with the assault that he/she says to have endured.

The use of force and threat during the assault, or the time elapsed between the assault and the medical examination, can explain the absence of marks of physical violence on this patient.

The absence of physical injuries does NOT indicate that the sexual assault did not take place

Certificate drawn up in duplicate, on/...../.....

Signature of medical staff

MSF stamp

During the consultation, the patient/ the accompanying person (precise which) declared (continued from page 1) :

Date

Signature of medical staff

Stamp MSF

Done in 2 copies (1 for the patient or patient's accompanying person, 1 for MSF to be kept in the patient's medical file) Contact: MSF Legal Department: claude.maon@brussels.msf.org