(Name of medical institution) Injury Diagnosis Medical Certificate for Complaints of Suspected Sexual Assault

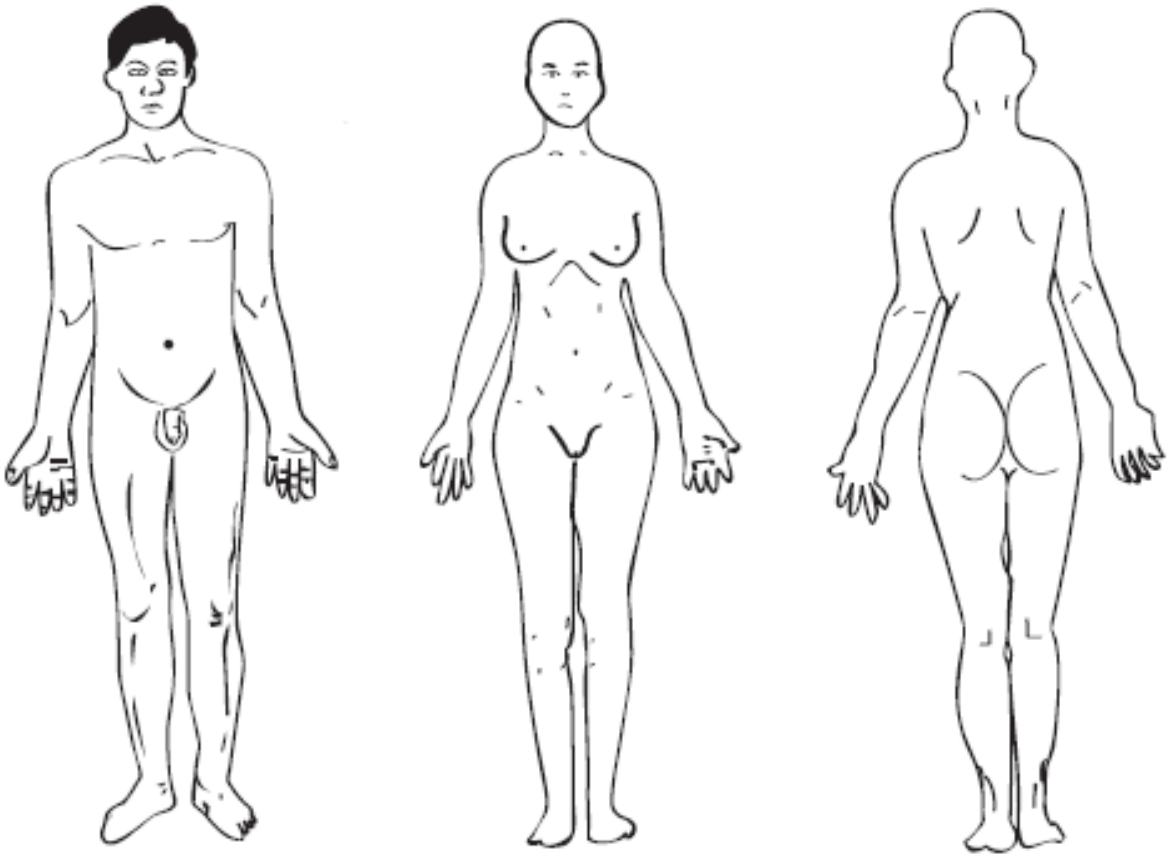
Name			Sex	□ Female □ Male	Date of birth	(yy) (mm) (dd)
Occupation		Passport Number			Medical record number	
Address			Phone number		Time of injury assessment	(yy) (mm) (dd) : (time)

Victim's description of incident (Please select yes/no by checking the boxes)	Time of the incident	(yy) (mm) (dd) : (time)		
	Victim's description of injuries			
	Bathing, showering, or changing clothes before the injury assessment	□ Yes □ No	The last menstrual period (If you are male, please skip to the next question)	(yy) (mm) (dd)
	Did the suspect use a condom during the assault?			□ Yes □ No

Medical laboratory tests (Please select yes/no by checking the boxes)	□ Yes □ No Blood type □ Yes □ No Detection of sperm □ Yes □ No Pregnancy test □ Yes □ No Serological test for syphilis □ Yes □ No Urine or blood alcohol test □ Yes □ No Others □ Yes □ No *chlamydia trachomatis* test □ Yes □ No Hepatitis B test (items: hepatitis B surface antigen [HBsAg] and surface antibody [HBsAb]) □ Yes □ No HIV test □ Yes □ No Gonorrhea test
Collection of supporting evidence (Please select yes/no by checking the boxes)	□ Yes □ No Evidence box (Please refer to the evidence collection form for the content of evidence) □ Yes □ No Sampling of blood and urine for toxicology tests (□ urine test for basic drugs □ urine test for benzodiazepine sedative-hypnotics □ urine test for flunitrazepam metabolites □ others_____as determined clinically by the physician). □ Yes □ No CD of the injury assessment results (The medical institution shall have a backup of the data). ※Recommended urine tests: urine tests for basic drugs, benzodiazepine sedative-hypnotics, and flunitrazepam metabolites.

Physical examination assessment results (Location, shape, and severity of injuries)	Head and face	
	Neck and shoulders	
	Chest and abdomen	
	Back and hips	
	Limbs	

The first (white), second (yellow), and third (green) copies of the three-part form shall be respectively kept by the medical institution, police, and victim

Physical examination assessment results (Location, shape, and severity of injuries)	Genitals	
	Anus	
	Other body parts	
Supplementary description		(e.g., description of the victim's appearance or mental state)
Schematic of injury assessment results (Please indicate precisely the relative location and severity of injuries and hymenal scars)		

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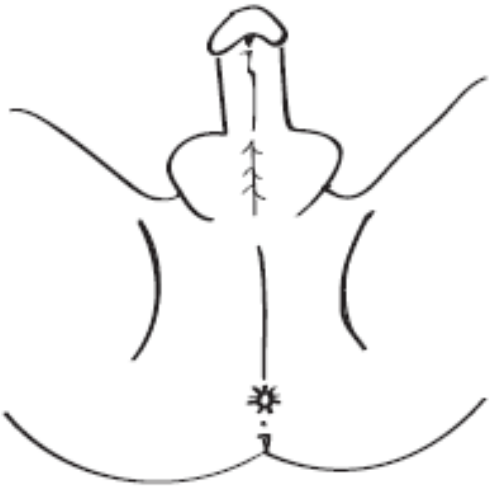
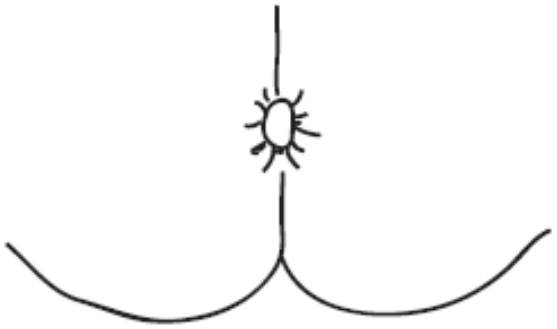
		
Schematic of injury assessment results (Please indicate precisely the relative location and severity of injuries and hymenal scars)		
		
		(yy) (mm) (dd)

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Superintendent (Physician in charge of medical institution)	Attending physician	Assessing physician
(Signature)	(Signature)	(Signature)

Address of the medical institution (clinic):

(Please affix your official seal here)

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