



(PATIENT ID STICKER HERE)

DEFERRED FORENSIC EXAMINATION FORM

DOCUMENT REASON FOR DEFERRAL ON PAGE 2

****MANDATORY – SANE must perform ALL mandated reporting****

DEFERRED EXAM INFORMATION: *(MD report preferred over RN report for deferred examinations)*

Location / Hospital: _____ SANE RN: _____
Date: _____ Time Called Out: _____ Arrival Time: _____
MD Report to: _____ RN Report to: _____
Admin personnel who approved deferred examination: _____
THE SANE MUST CONTACT THE ADMIN ON CALL AT 513-278-7271 FOR APPROVAL TO DEFER EXAMINATION

PATIENT INFORMATION:

Patient Name: _____ DOB: _____ Gender: M / F / T
SSN: _____ Hospital Acct Number: _____
Guardian Present: Y / N Guardian name: _____ Guardian Address: _____

ASSAULT INFORMATION: *(dispatch can assist with appropriate law enforcement jurisdiction)*

Date of Assault: _____ Time of Assault: _____
City or County: _____ Location / Address of Assault: _____

MANDATORY REPORTING INFORMATION: *(assault must be reported to dispatch unless officer is at bedside)*

Investigating Law Enforcement Agency: _____ At Bedside: Y / N
Officer/Dispatcher CRIME reported to: _____ Time: _____
Officer/Dispatcher KIT LOCATION reported to _____ Time: _____
CPS / APS / ODH Agency: _____ Contact Name: _____ Time: _____
NOTE: YOU SHOULD ALWAYS CONTACT COUNTY DISPATCH TO ASSURE PROPER PD JURISIDCTION

RATIONALE FOR DEFERRAL OF FORENSIC EXAMINATION:

PATIENT INITIALS AND SIGNATURE TO CONFIRM REVIEW OF INFORMATION

I confirm that the legal and medical risks of not undergoing a forensic medical examination at this time have been reviewed with me and I am choosing to decline to participate in the forensic examination.

I understand that the examiner has reviewed with me the recommended medical follow up recommendations per the CDC guidelines

I understand the timeframe limitations of having a forensic medical examination to be 96 hours have been reviewed with me. The expiration timeframe for a forensic examination for me is understood to be:

Day_____ Time_____

Patient Signature

SANE Signature