

# **Appendix 1 - WI-IAFN Model Suspect Consent Form: Forensic Examination**

I \_\_\_\_\_ (Consenter's name) hereby authorize \_\_\_\_\_ (Health Care Organization) to provide a head to toe assessment of me focused on the identification and collection of possible evidence, the documentation of any injury found and any physical finding(s) related to the matter that brings me to this facility. The assessment may include the following:

1. General physical examination:
    - a. A head-to-toe assessment may be performed by a Forensic Nurse Examiner.
    - b. A Forensic Nurse Examiner may collect/note any of the following:
      - Objective behavior – *e.g.* note right or left handedness
      - Breath odor, body odor
      - Tattoos, scars, birthmarks, piercings
      - Other identifying marks or lesions
      - Any signs of trauma and/or injury
      - Urine and blood samples
      - Swabs or samples may be taken of various parts of the body including the genital area
      - Clothing
- \_\_\_\_\_ (Consenter's initials)
2. A Forensic Nurse Examiner may also photograph (and possibly video record) to document any observation noted during the examination including the genital area.  
\_\_\_\_\_ (Consenter's initials)
  3. The Forensic Nurse's examination may include a recording of vital signs, height/weight, any physical complaint, medical/surgical history, allergies, current medications and pregnancy assessment.  
\_\_\_\_\_ (Consenter's initials)
  4. You will be referred to the emergency department physician or the primary care physician if any condition is identified during the forensic examination which requires assessment or intervention beyond the scope of the Forensic Nurse Examiner's practice.  
\_\_\_\_\_ (Consenter's initials)
  5. Evidence collected and documentation of this examination will be released to the law enforcement agency requesting this examination.  
\_\_\_\_\_ (Consenter's initials)
  6. You can withdraw your consent to this examination at any time.  
\_\_\_\_\_ (Consenter's initials)

Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_  
Print Name of Consenter

\_\_\_\_\_  
Consenter's signature

\_\_\_\_\_  
If Minor, Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian's signature

\_\_\_\_\_  
Print Name of Forensic Nurse Examiner

\_\_\_\_\_  
Forensic Nurse Examiner's signature

\_\_\_\_\_  
Print Name of Law Enforcement Officer Witness

\_\_\_\_\_  
Law Enforcement Officer Witness's signature