

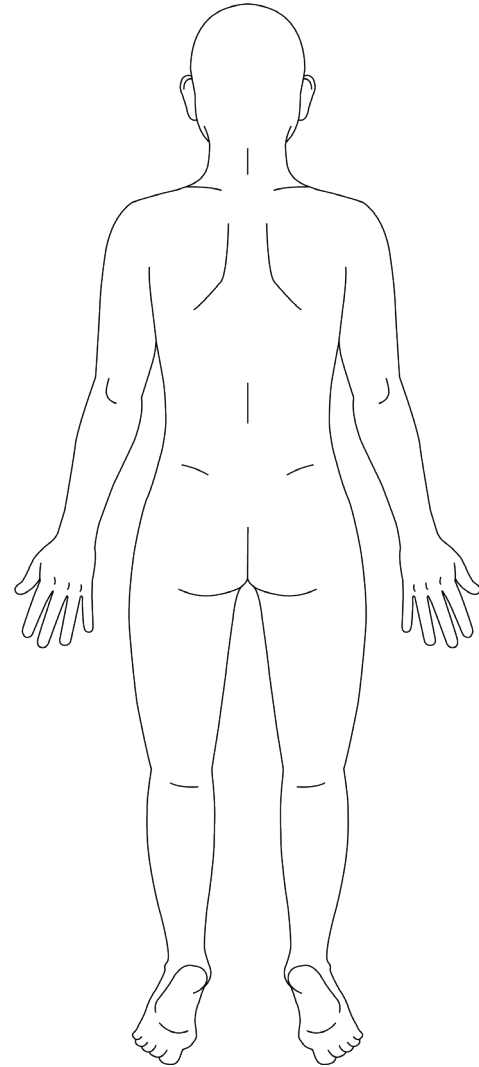
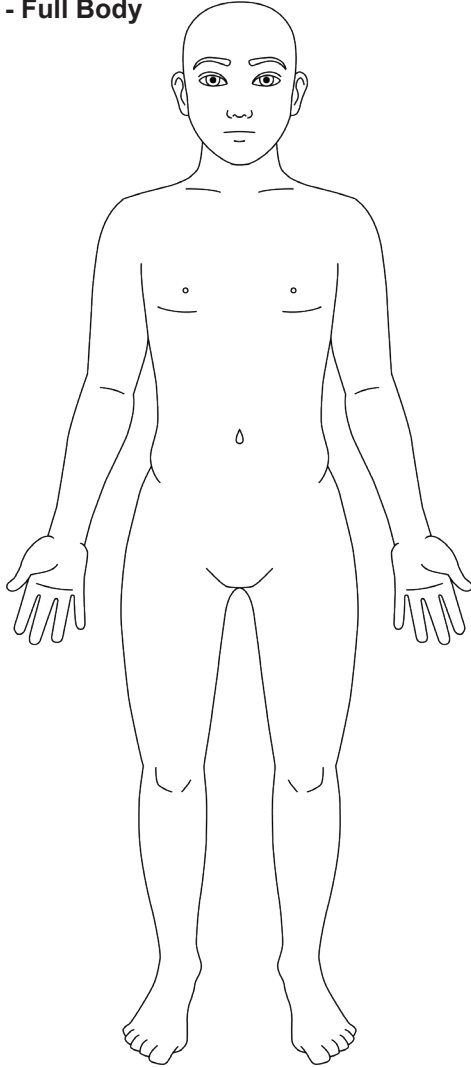
**STEP 8****GENERAL PHYSICAL EXAMINATION**

Record all findings of exam using diagrams, legend, and a consecutive numbering system. Use this diagram to document any injuries and/or the location of area(s) evidence is collected from and evidence type.

Follow instructions on Envelopes 6 - 8B for Evidence Collection.

Patient Identification Label

Diagram C - Full Body



### LEGEND: Types of Findings

|                                   |                         |                                 |                           |                                              |                           |                            |
|-----------------------------------|-------------------------|---------------------------------|---------------------------|----------------------------------------------|---------------------------|----------------------------|
| <b>AB</b> Abrasion                | <b>BU</b> Burn          | <b>ER</b> Erythema (redness)    | <b>IW</b> Incised Wound   | <b>OF</b> Other Foreign Materials (describe) | <b>PI</b> Previous Injury | <b>TB</b> Toluidine Blue   |
| <b>ALS</b> Alternate Light Source | <b>DE</b> Debris        | <b>FB</b> Foreign Body          | <b>LA</b> Laceration      | <b>PS</b> Potential Saliva                   | <b>TE</b> Tenderness      |                            |
| <b>BI</b> Bite (apparent)         | <b>DF</b> Deformity     | <b>H/F</b> Hair/Fiber           | <b>MS</b> Moist Secretion | <b>OI</b> Other Injury (describe)            | <b>SI</b> Suction Injury  | <b>V/S</b> Vegetation/Soil |
| <b>BR</b> Bruise                  | <b>DS</b> Dry Secretion | <b>IN</b> Induration (firmness) | <b>NB</b> Non-blanching   | <b>PE</b> Petechiae                          | <b>SW</b> Swelling        |                            |

| Locator # | Type | Description | Locator # | Type | Description |
|-----------|------|-------------|-----------|------|-------------|
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Distribute all pages of the document as listed below:

**6** Original (Law Enforcement – Put in Envelope on Underside of Kit) Copy of original (Crime Lab – Put in Kit) Scan/copy original (Medical Facility – Retain)

Clinician's Initials: \_\_\_\_\_