

STEP 5

HEAD/ORAL EXAMINATION

Record all findings of exam using diagrams, legend, and a consecutive numbering system.

Follow instructions on Envelopes 5A - 5B for Evidence Collection. Patient Identification Label

Use this diagram to document any injuries to the head/oral cavity and indicate sample types collected and locations of collection.

Diagram A - Head

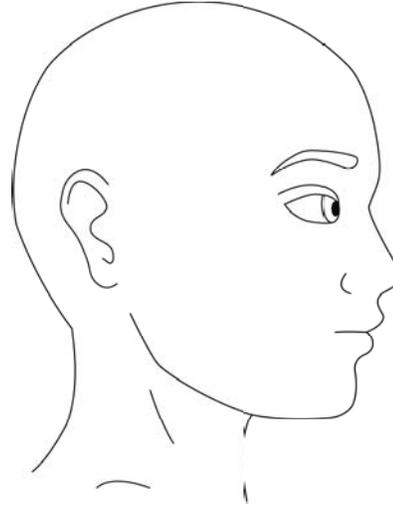
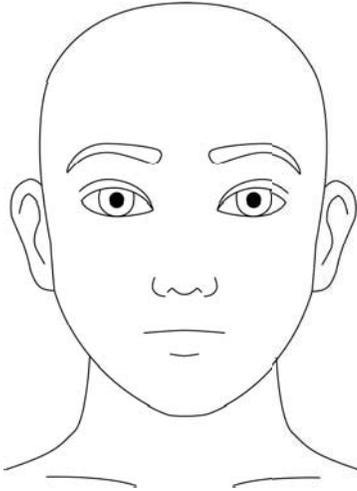
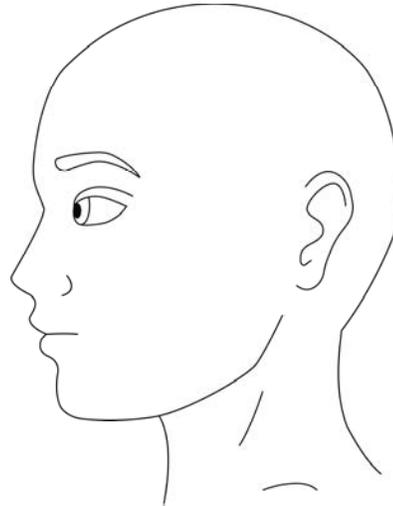
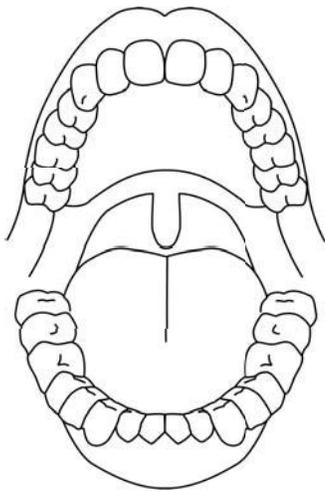


Diagram B - Mouth



LEGEND: Types of Findings

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

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL SPECIMENS COLLECTED ON STEP 11 FORM

Clinician's Initials: _____