

**STATE OF VERMONT
SEXUAL ASSAULT NURSE EXAMINER PROGRAM**

QUARTERLY REPORT

Facility Reporting_____

Reported By_____

Period from_____ To_____

Total # of Sexual Assault Exams Done_____

of Confidential Kits_____ #of Collection Kits Used_____

of Adult Exams (≥ 15 YEARS)_____

of Pediatric Exams_____

of Victims with Disabilities_____

of Exams Performed by a SANE (with or without an MD/NP/PA)_____

Victim Age 0-13_____ 14-18_____ 19-25_____ 26-40_____ 41-65_____ Over 65_____

of Date Rape Drug Panels Sent_____

of Positive Results (do not include prescription drugs or self ingested drugs)_____

Name(s) of Drugs, If Positive_____

of Case Involving Alcohol Use by Victim_____ By Perpetrator_____

of HIV Risk Assessments_____ # of Times CCC** Contacted_____

Receiving HIV Prophylaxis_____ # Receiving HIV Testing_____

of College Campus Assaults_____

of Cases Where Rape Crisis Was Called_____ Responded_____

of Sexual Assault Depositions Given_____

of Court Testimonies Given_____

of Non-Testimonials Done_____

Note: Please attach a completed database for each sexual assault exam reported this quarter

*Start of menses for girls/Tanner Stage 3 for boys

**CCC--Comprehensive Care Clinic/Infectious Disease Clinic