CHECKLIST: Transfer Plan for Adult Survivors of Sexual Assault
$\square$ An appropriate medical examination ( $\underline{not}$ a forensic medical examination)
$\hfill \square$ Necessary stabilizing treatment prior to transfer to a treatment hospital or a clinic that provides treatment services to a dult survivors
$\hfill \square$ Medically and factually accurate written and oral information about:
$\square$ Emergency contraception
$\hfill\Box$ The indications, contraindications, and potential risks associated with the risk of emergency contraception
$\square$ The availability of emergency contraception
$\square$ Prompt transfer—without undue burden to the adult survivor—to a treatment hospital or a clinic that provides treatment services to adult survivors
$\square$ The written agreement of a treatment hospital to accept transfer of adult survivors
Please send the plan to olc-sasplans@vdh.virginia.gov with the subject line "Facility Name - NEW Adult Transfer Plan" - thank you!