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**REPORT OF MEDICAL EXAMINATION IN SEXUAL OFFENCE**

**(FEMALE SUBJECT)**

1. **Case Registration No.:**
2. **Name of the Office referred for examination:**
	1. **Reference number**
	2. **Date**
3. **Name of the accompanying Police Personnel:**

**DETAIL ABOUT THE EXAMINEE**

1. **Name/ Code Name (To maintain confidentiality):**
2. **Age and Sex:**
3. **Address:**
	1. **Permanent**
	2. **Temporary**
4. **Marital status:**
5. **Guardian′s Name and relation:**
6. **Date and time of examination:**
7. **Attendants Name ⁄ address:**
8. **Identification marks:**
	1.
	2.
9. **Consent for examination:**
10. **Brief History of the incident, as stated by examinee or guardian**
11. **Medical history:**
12. **Clothes changed or not after incident:**
13. **Whether clothes and body parts washed or not after the incident:**
14. **Description of the examination of clothes:**

**EXAMINATION**

* + 1. **General physique and vitals:-**
1. **Height:**
2. **Weight:**
3. **Pulse:**
4. **Temperature:**
5. **Respiratory rate:**
6. **Degree of consciousness:**
7. **Any disability:**
	* 1. **Injuries on the bodies:**



**Full Body (Female) – Anterior and Posterior views**

 **Full Body (Female) – Lateral views**

* + 1. **Genital injuries**
1. **Perineum:**
2. **Vulva:**
3. **Vagina:**
4. **Hymen:**
5. **Perianal area and anal orifice:**
6. **Oral cavity:**



* + 1. **Conditions of pubic hair: -**
		2. **Bite marks:-**
		3. **Specimen preserved for further analysis:-**
			1. **Blood:**
			2. **Urine:**
			3. **Swab from stains:**
			4. **Vaginal swab:**
			5. **Foreign hairs debris:**
			6. **Hair from the examinee:**
			7. **Nail scrapings:**
		4. **Investigation and reports:**
		5. **Treatment:**
		6. **Referral:**
		7. **Follow up:**
		8. **Psychiatric evaluation and psychosocial counseling:**
		9. **Condition of teeth**

|  |  |  |
| --- | --- | --- |
|  |  | **S = \_\_\_ Total Teeth (Permanent/Deciduous/Mixed)** |
|  |  |

**Opinion of the expert:**

1. **Opinion about mental status of the examinee:**
2. **Opinion about the injuries on body:**
3. **Opinion about the condition of genital organs:**
4. **Opinion about age of the examinee:**
5. **Other opinion, if any: -**

**Signature of Medical Officer/Expert:**

Name:

Designation:

N.M.C. Reg. No.:

Date:

**Seal of the Hospital:**