



THE REPUBLIC OF UGANDA

UGANDA POLICE

MEDICAL EXAMINATION OF A PERSON ACCUSED OF SEXUAL ASSAULT

PART (a)

REQUEST FOR MEDICAL EXAMINATION OF A PERSON ACCUSED OF SEXUAL ASSAULT

(To be filled by a Police Officer in duplicate)

TO: MEDICAL/HEALTH PRACTITIONER*

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Police Unit:

Police Case No:

Please examine

Who is a suspect/accused in acase and has been sent to you on the.....day of.....20.....

Please report your findings in part (b) below. The duplicate should be kept at the health unit.

Name of the police officer:.....Force No:.....Rank:.....

Signature:.....Telephone contact/Email:.....

PART (b)

MEDICAL EXAMINATION OF A PERSON ACCUSED OF SEXUAL ASSAULT

(To be filled by a Medical/Health practitioner in duplicate)

1) Place of Medical Examination:.....

.....

Signature and Stamp of Examining Practitioner

Date of Examination

*Medical/Health practitioner means a clinical officer or a medical doctor

2) Particulars of the suspect/ accused.

Name:.....

Sex:..... Occupation:.....

Place of residence:.....

Place of work:..... Telephone:.....

3) State the apparent age based on your medical examination and briefly explain how the age was estimated.

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.....

4) HIV test results.....

5) General examination (Note physique and any relevant disabilities).....

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6) Mental status (state whether normal or abnormal and if abnormal, give reasons).....

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7) Examination of the regions of the body. (Carefully document the nature, number, position, age and dimensions of all injuries and show them on the pictogram on page 4)

(a) Head and neck (including the mouth).....

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(b) Chest and Breast:.....

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(c) Abdomen and back:.....

.....

(d) Upper and Lower Limbs:.....

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(e) Ano-Genital Examination.....

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.....
Signature and Stamp of Examining Practitioner

.....
Date of Examination

8) What is/are the probable cause(s) of the above injuries?.....

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9) Material/samples for purposes of evidence (indicate materials/samples taken for purposes of).....

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10) Other investigations e.g Ultra-sound scan and X-rays.....

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NB: report and attach the results of the investigations in (9) and (10) above if available.

11) State any other relevant observations:

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Name of Examining Medical/Health practitioner:

Title:.....Qualifications:.....

Telephone contact and physical address:.....

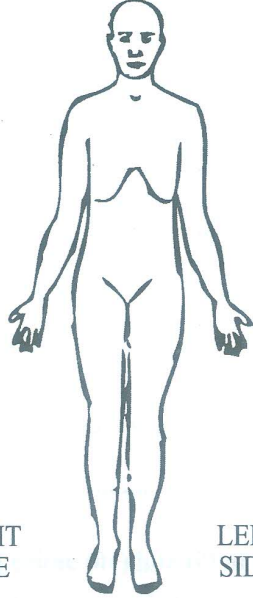
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Signature and Stamp of Examining Practitioner

.....
Date of Examination

PICTOGRAM FOR EXAMINATION OF A PERSON ACCUSED OF SEXUAL ASSAULT

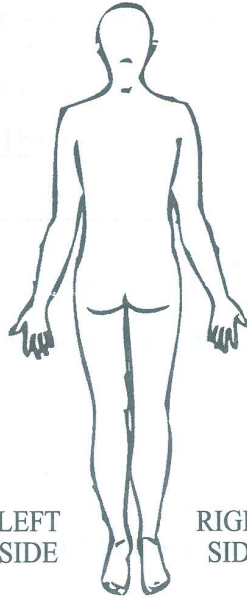
FRONT OF A PERSON



RIGHT
SIDE

LEFT
SIDE

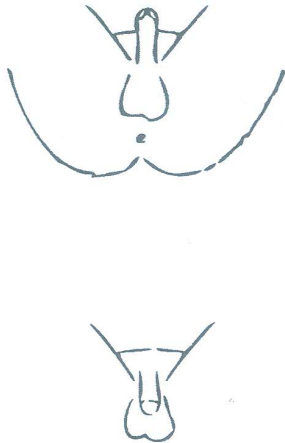
BACK OF A PERSON



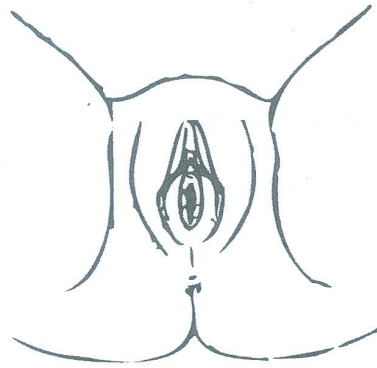
LEFT
SIDE

RIGHT
SIDE

MALE ORGAN OF A PERSON



FEMALE ORGAN OF A PERSON



.....
Signature and Stamp of Examining Practitioner

.....
Date of Examination