

THE MEDICAL OFFICER,

C.R. No.

Station

Date

MEDIAL EXAMINATION OF PERSONS ACCUSED OF SERIOUS CRIME

I submit a report, Part A, on the accused person named below, who has been committed toPrison on remand, for favour of completion by you of PART B of the Form and the return to this office of the original and one copy as soon as possible.

Name of Accused.....
Tribe Approximate Age
Sex Date and time Arrested
Charge

**PART A
SUPERFICIAL EXAMINATION ON ARREST, BY OFFICER I/C POLICE**

Date and time of Examination

(a) INJURIES:-

	No.	Position	Size
Bruises (including swellings).....			
Scratches.....			
Stab wounds.....			
Cut wounds.....			
Torn wounds.....			
Other signs of injury.....			

(b) MENTAL STATE:-

- (i) Does the accused appear to be of normal demeanour?
- (ii) If not state briefly in what manner he appears abnormal

.....
Signature and Rank of Police Officer
Making the examination.

Copy to:-The Officer I/c Prison.....
Note:- This form will be sent to the Medical Officer in triplicate.

PART B

EXAMINATION BY MEDICAL OFFICER

Date.....

PHYSICAL EXAMINATION : Apparent age of accused.....years

A complete examination of the patient should be carried out to ascertain whether or not there are signs of recent physical injury . Each injury must be described . If none are present , this must be stated.

Description of Injuries:

Type

Position

Size

State whether contusion , abrasion, incised wound, punctured wound, laceration or other type of injury.

MENTAL EXAMINATION:

State whether the mental condition of accused appears to be normal or abnormal:

If abnormal, state precisely the abnormality or abnormalities noted:

Signature of Medical Officer.....

Rank.....