

**Medico-legal Examination Report of Sexual violence – ACCUSED/ suspect**

- 1. Name of the Hospital ..... OPD No. .... MLC No.....  
IP No. ....
- 2. Name ..... S/o or D/o (where known).....
- 3. Address.....
- 4. Age (as reported) ..... Date of Birth (if known).....
- 5. Sex (M/F/TG) .....
- 6. Date and Time of arrival in the hospital, brought by Police/ Court order/ Self  
.....
- 7. Date and Time of commencement of examination.....
- 8. Brought by..... (Name & signatures)
- 9. ....Police Station.....
- 10. Whether conscious, oriented in time, place and person.....
- 11. Any physical/intellectual/psychosocial disability .....  
(Interpreters or special educators will be needed where the accused has special needs such as hearing/speech disability, language barriers, intellectual or psychosocial disability.)

**12. Informed Consent/refusal:**

I ..... S/o or D/o..... hereby give my consent for my / my ward's

- a) medical examination for treatment Yes / No
- b) medico legal examination Yes / No
- c) sample collection for clinical & forensic examination Yes / No

I also understand that as per law the hospital is required to inform police and this has been explained to me. I have been explained that if I refuse to consent for this medico-legal examination it may be treated by the court as evidence against me. I have also been explained that as per law (sec 53, 53A and 54 CrPC) reasonable force can be used to compel me for undergoing this examination.

d) I understand that you as my doctor are bound to reveal this information to the police

I have understood the purpose and the procedure of the examination including the risk and benefit, explained to me by the examining doctor. My right to refuse the examination at any stage and the consequence of such refusal, including that my medical treatment will not be affected by my refusal, has also been explained and may be recorded. Contents of the above have been explained to me in

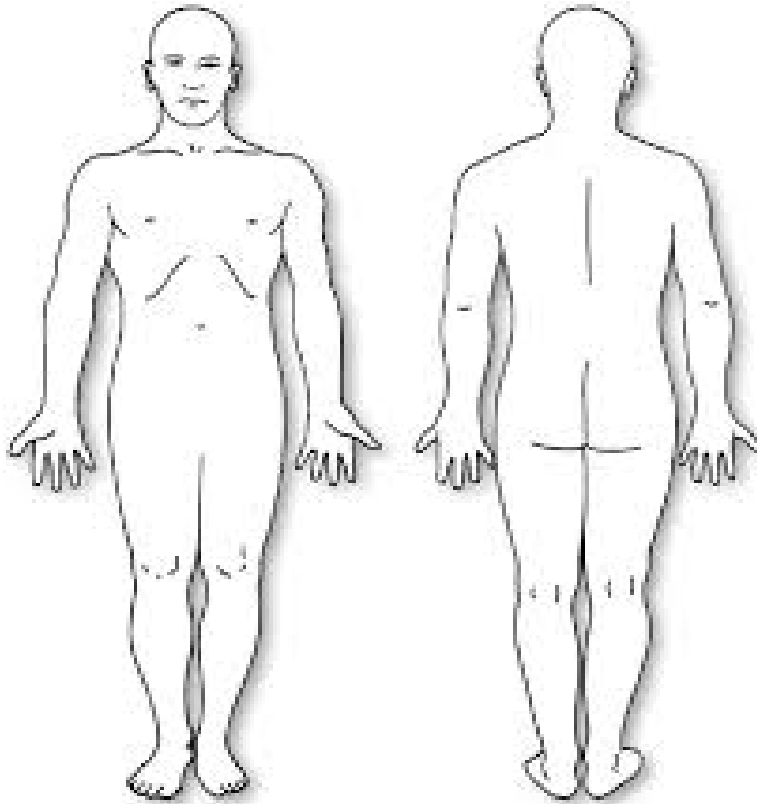


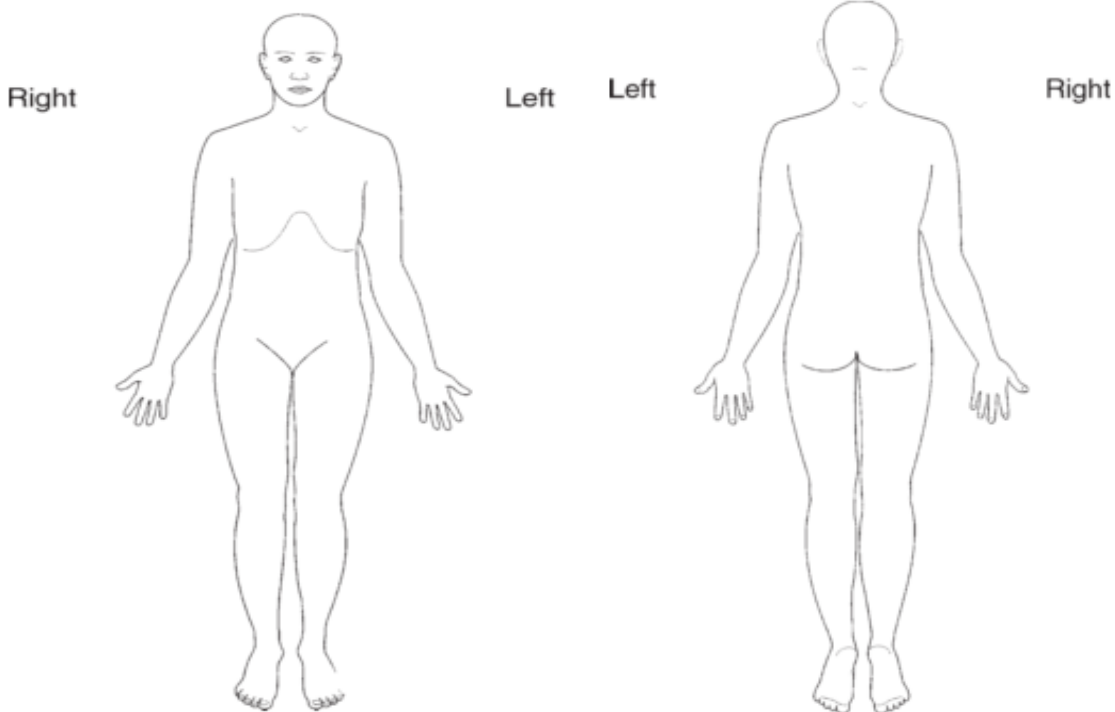
**General Physical Examination.**

- a) Is this the first examination since the incident?  
Yes/No.....
- b) Pulse..... BP.....Temp.....
- c) Resp. Rate..... Pupils.....
- d) Any observation in terms of general physical appearance .....

**16. Examination for injuries on the body, if any:**

(Note the Injury type, dimensions, site, shape, colour, swelling, signs of healing, simple/grievous)





## 17. Local examination of genital parts/other orifices

A. External Genitalia: Record findings and state NA where not applicable.

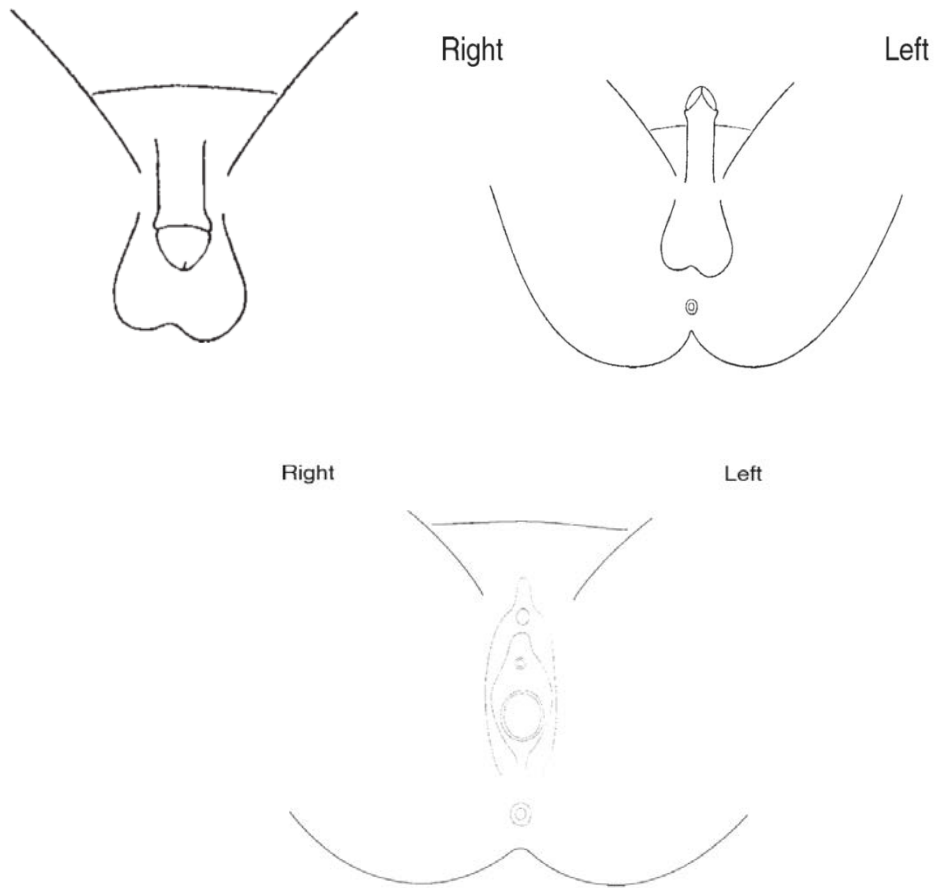
- Inner thighs:
- Mons pubis:
- Foreskin, Glans & shaft of penis:
- Scrotum, Testes:
- Urethral meatus & vestibule:
- Labia majora & Labia minora:
- Fourchette & Introitus:
- Hymen:
- Perineum:
- Clitoropenis, Labioscrotum:
- Any other (*bleeding/discharge/oedema*)

B. Anus and Rectum:

(Bleeding/ tear/ discharge/ oedema/ tenderness)

C. Oral Cavity:

(Bleeding/ tear /discharge/ oedema/ tenderness)



**18. Systemic examination:**

- Cardiovascular system
- Central Nervous System
- Respiratory system
- Chest
- Abdomen

**19. Sample collection/ investigations for hospital laboratory/ Clinical laboratory (if indicated on the basis of history)**

- Blood for HIV, VDRL, HbsAg, Sugar, HbA1c
- Urine for sugar, drugs
- X-ray for Injury
- Any other

**20. Samples Collection for Forensic Science Laboratory (if relevant):**

- a) Debris collection paper:

- b) Clothing evidence where available: *Describe the appearance of clothes worn by accused at the time of incident of sexual violence* (To be packed in separate paper bags after air drying)
- c) Body evidence samples as appropriate (Swabs from stains on the body, Scalp hair (10-15 strands), Head hair combings, Nail scrapings & clippings (both hands separately), Oral swab, Blood for grouping & drug/alcohol intoxication (plain vial/vacutainer), Blood for alcohol level (Sodium fluoride vial/vacutainer), Blood for DNA analysis (EDTA vial/vacutainer), Urine for drug testing, Any other ( condom / object)
- d) Genital and Anal evidence:  
*Matted pubic hair, Pubic hair combings (mention if shaved), Cutting of pubic hair (mention if shaved), Swabs from glans penis, clitoropenis, & anus (for seminal stains examination on clothes & DNA testing), Blotting paper wiped on shaft of penis (for Lugol's iodine test), Any other.* [Swab sticks for collecting samples should be moistened with distilled water]

**21. Provisional medical opinion:**

I have examined (name of accused/perpetrator) ..... M/F/TG.....  
 aged..... reporting ..... days/hours after the alleged incident, after having (bathed etc) .....

My findings are as follows:

- Samples collected (for FSL), awaiting reports:  
 .....
- Samples collected (for hospital laboratory):  
 .....
- Clinical findings: .....
- Additional observations (if any):  
 .....  
 .....

**22. Treatment prescribed:**

(STI prevention treatment, Wound treatment, Tetanus prophylaxis, Hepatitis B vaccination, Post exposure prophylaxis for HIV, Counseling, Other)

.....  
 .....  
 .....  
 .....  
 .....

**23. Date and time of completion of examination** .....

This report contains ..... number of sheets and .....number of envelopes.

Date & Place:

Signature & Name of Examining Doctor  
 Seal of Examining Doctor

**24. Final Opinion:** (After receiving Lab reports)

Findings in support of the above opinion, taking into account the history, clinical examination findings found..... hours/ days after the incident of sexual violence, and laboratory reports of ..... bearing identification marks described above, I am of the opinion that:

- a. **There are signs / no signs suggestive of recent sexual intercourse into vagina / anus / oral cavity** (*sexual intercourse into vagina if vaginal epithelial cells and vaginal fluid positive; into anus if anal epithelial cells and fecal matter positive; into oral cavity if saliva is positive on swabs taken from shaft / glans penis*)
- b. **There are signs / no signs suggestive of being under the influence of drug / alcohol** (*if signs of effect of drug or alcohol positive*)
- c. **There are no signs suggestive of sexual intercourse** (*in cases of fingering/ use of object / non penetrative sexual acts*)
- d. **(any other comment** like use of force if physical and/or genital injuries; in cases of *fingering/ use of object / non penetrative sexual acts*)

Date & Place:

Signature & Name of Examining Doctor  
Seal of Examining Doctor

*[Copy of the treatment protocol / prescription has to be given to Accused]*