



UGANDA POLICE

MEDICAL EXAMINATION OF AN INJURED PERSON

PART (a)

REQUEST FOR MEDICAL EXAMINATION OF AN INJURED PERSON

(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 victim in a

case and has been sent to you on the day of20.....

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:.....

PART (b)

MEDICAL EXAMINATION OF AN INJURED PERSON

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

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

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.....
Signature and Stamp of Examining Practitioner

.....
Date of Examination

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



2) Particulars of the Victim.

Name:.....Age:.....Sex:.....

Occupation:

Place of work:

Telephone contact:.....

3) History and Circumstances of the incident(s) as narrated to the practitioner.

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Name of Narrator:.....Relationship to Victim.....

Physical Examination

4) General Examination (note the physical condition and the state of clothing where applicable).

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

<i>Type of wound or injury</i>	<i>Part of the body on which injury is inflicted</i>	<i>Size of each injury</i>

.....
Signature and Stamp of Examining Practitioner

.....
Date of Examination



- 6) How old are the above injuries?
- 7) What kind of object(s) could have caused the above injury/injuries?
- 8) Investigations carried out (Specify the investigations, report and attach the results if available).
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- 9) Classify the above injury/injuries (as "Harm" or "Grievous Harm" "Dangerous Harm" or "Maim") based on the overall examination in (5) above using the notes at the bottom of this page.
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- 10) State any other relevant observation.....
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Name of the examining Medical/Health practitioner.....
 Title:..... Qualifications:.....
 Telephone contact and physical address:

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Signature and Stamp of Examining Practitioner *Date of Examination*

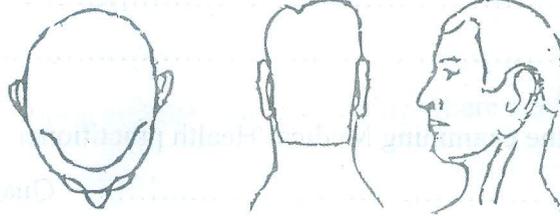
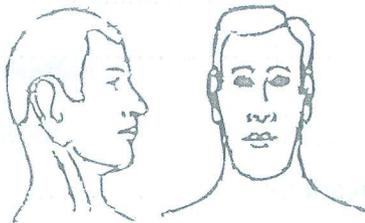
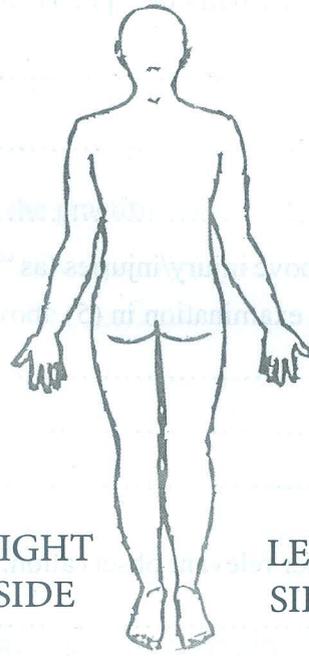
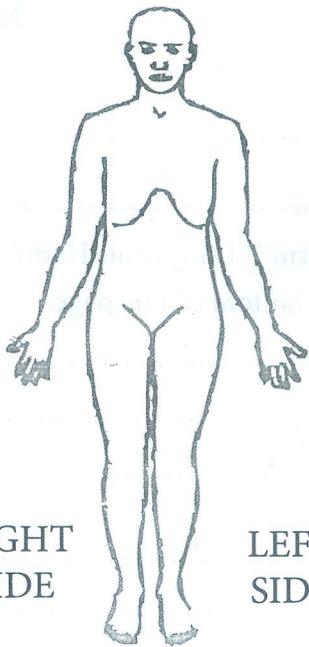
Notes:

- “**Harm**” means any body hurt, diseases or disorder, whether permanent or temporary.
- “**Grievous harm**” means any harm which amounts to a maim or dangerous harm, or seriously or permanently injures health, or causes permanent disfigurement or any permanent injury to any internal or external organ, membrane or sense.
- “**Dangerous harm**” means harm endangering life.
- “**Maim**” means the destruction or permanent disabling of any external membrane or sense.

PICTOGRAM FOR EXAMINATION OF AN INJURED PERSON

FRONT OF A PERSON

BACK OF A PERSON



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Signature and Stamp of Examining Practitioner

.....
Date of Examination