प्रेसक,
अरविन्द नारायण मिश्र,
सचिव,
उपरोक्त शासन।

सेवा में,
महानिदेशक,
चिकित्सा एवं स्वास्थ्य सेवायें,
उपरोक्त, लखनऊ।

चिकित्सा अनुभाग-2  लखनऊ दिनांक : 06 मई, 2015

विषय—महिला सम्मान कोष नियमावली के अन्तर्गत मेडिकोलीगल/फॉर्मिस्क परीक्षण एवं उपचार सम्बन्धी प्रोटोकाल/गाईडलाइन्स के सम्बन्ध में।

महदया,

उपरोक्त विषयक अपने पत्र संख्या—11क/म0स0क00/2015/2074, दिनांक 01.04.2015 का कृपया सन्दर्भ ग्रहण करें, जिसके माध्यम से स्वास्थ्य मंत्रालय, भारत सरकार द्वारा जारी दिशा-निर्देशों के क्रम में निदेशक, विधि विज्ञान प्रयोगशाला, उत्तर प्रदेश द्वारा महिला सम्मान कोष नियमावली के अन्तर्गत जनपदों में ऐसिड अटेक एवं लैंगिक उपचार संबन्धी प्रश्नों के मेडिकोलीगल/फॉर्मिस्क परीक्षण एवं उपचार सम्बन्धी प्रोटोकाल/गाईडलाइन्स विवरण कर उपलब्ध करायी गयी है।

2- उपरोक्त के सम्बन्ध में गृहों यह कहने का निदेश हुआ है कि लैंगिक उपचार संबन्धी मरीजों के लिए "Medico Legal Examination Report Of Sexual Violence" एवं ऐसिड अटेक/जले हुए मरीजों के मेडिकोलीगल रिपोर्ट का विवरण अंकित किये जाने के प्रपत्र "Medico Legal Examination Form for Burn Injured Person" 'Burn Injury Form' जिसमें संबंधित उपचार की रिपोर्ट उपचार करने वाले चिकित्सक द्वारा बिनुवार अंकित किये जाने का प्रावधान किया गया है। उक्त संदर्भित प्रपत्रों (छायाप्रकाश संलग्न) के सम्बन्ध में उपचार प्रश्नों को बैठक में उपचार संबंधी विवरण विवाहितों के शीर्ष प्रतिनिधियों, चिकित्सा महाविद्यालयों के प्रधानाध्यापक, संस्थान मण्डलीय अपर निदेशक, चिकित्सा स्वास्थ्य एवं परिसर कल्याण, राजकीय चिकित्सा केंद्रों के प्रमुख अधिकारियों तथा मुख्य चिकित्सा अधिकारियों के माध्यम से राज्य के समस्त निजी चिकित्सालयों की जानकारी में लाते हुए, संलग्न प्रपत्र में उल्लिखित दिशा-निर्देशों का कदाचि से अनुपालन सुनिश्चित कराया जाये। कृपया संलग्न प्रपत्र (प्रोफाम) एवं उल्लिखित दिशा-निर्देश को विभागीय वेबसाइट पर भी आवलोक कराने का कदाचि से अनुपालन सुनिश्चित कराया जाये।

संलग्न: मेडिकोलीगल प्रपत्र।

भवदीय,
अरविन्द नारायण मिश्र,
सचिव।
Medico legal Examination Report of Sexual Violence

1-Name of the Hospital........................................ MLC No........ Inpatient No..........................................................

2-Name..................................................D/o or S/o(where known)

3-Address..........................................................................................................................................................

4-Age(as reported)........................................Date of Birth (if known)..........................................................

5-Sex(M/F/Others)..............................................................................................................................................

6-Date and Time of arrival in the hospital............................................................................................................

7-Date and Time of **COMMENCEMENT OF EXAMINATION**...........................................................................

8-Brought by......................................................(Name Signatures)

9-FIR/Crime No..............................................Police Station .......................................................................

10-Whether conscious, oriented in time and place and person...............................................................

11-Any physical/intellectual/psychosocial disability......................................................................................

(Interpreters or special educators will be needed where the survivor has special needs such as hearing/speech disability. Language Barriers, intellectual or psychosocial disability)

12-Informed Consent/refusal


D/o or S/o ..............................................................................................................................................................

Hereby given my consent for:

a) Medical examination for treatment ................................................. Yes ☐ No ☐

b) This medicolegal 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 want the information to be revealed to the police................. Yes ☐ No ☐

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. Content of the above have been explained to me in.................................

Language with the help of a special educator, Interpreter/support person (circle as appropriate)..............................................................

If special educator/interpreter/support person has helped, then his/her name and signature..............................................................
Name & signature of survivor or Parent / Guardian / person in whom the child reposes trust in case of child (< 12 yrs)

With date, time & place
Name & signature / thumb impression of Witness

With date, time & place

13. Marks of identification (Any scar / mole)
(1) ................................................
(2) ................................................

Right Thumb impression

14. Relevant Medical/Surgical history

<table>
<thead>
<tr>
<th>Onset of menarche (in case of girls)</th>
<th>Yes</th>
<th>No</th>
<th>Age of onset: .........................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menstrual history – Cycle length and duration: ...................... Last menstrual period: ......................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menstruation at the time of incident - Yes / No; Menstruation at the time of examination - Yes / No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the survivor pregnant at time of incident - Yes/No; If yes duration of pregnancy: ...................... weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception use - Yes / No; If yes - method used: ......................</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccination status – Tctanus (vaccinated / not vaccinated), Hepatitis B (vaccinated / not vaccinated)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
15 A. History of Sexual Violence

(i) Date of incident(s) being reported
(ii) Time of incident(s)
(iii) Location(s)
(iv) Estimated duration: 1-7 days 1 week to 2 months 2-6 months >6 months
Episode: One Multiple Chronic (>6 months) Unknown
(v) Number of Assailant(s) and name(s)
(vi) Sex of assailant(s) Approx. Age of assailant(s)
If known to the survivor – relationship with the survivor:
(vii) Description of incident in the words of the narrator:
Narrator of the incident: survivor/informant (specify name and relation to survivor)

If this space is insufficient use extra page

Type of physical violence used if any (Describe):

<table>
<thead>
<tr>
<th>Hit with (Hand, fist, blunt object, sharp object)</th>
<th>Burned with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kicking</td>
<td></td>
</tr>
<tr>
<td>Pulling Hair</td>
<td></td>
</tr>
<tr>
<td>Banging head</td>
<td></td>
</tr>
<tr>
<td>Any other</td>
<td></td>
</tr>
</tbody>
</table>

15 C.

i. Emotional abuse or violence if any (insulting, cursing, belittling, terrorizing).

ii. Use of restraints if any

iii. Used or threatened the use of weapon(s) or objects if any Verbal threats (for example, threats of killing or hurting survivor or any other person in whom the survivor is interested; use of photographs for blackmailing, etc.) if any:

iv. Luring (sweets, chocolates, money, job) if any:
15 D.
i. Any H/O drug/alcohol intoxication:

15 E. If survivor has left any marks of injury on assailant/s, enter details:

15 F. Details regarding sexual violence:
Was penetration by penis, fingers or object or other body parts (Write Y=Yes, N=No, DNK=Don’t know) Mention and describe body part/s and/or object/s used for penetration:

<table>
<thead>
<tr>
<th>Orifice of Victim</th>
<th>Penetration</th>
<th>Emission of Semen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>By Penis</td>
<td>By body part of self or assailant or third party (finger, tongue or any other)</td>
</tr>
<tr>
<td>Genitalia (Vagina and/ or urethra)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Oral sex performed by assailant on survivor

Forced Masturbation of self by survivor

Masturbation of assailant by Survivor, Forced Manipulation of genitals of assailant by survivor

Exhibitionism (perpetrator displaying genitals)

Did ejaculation occur outside body orifice (vagina/anus/mouth/urethra)?

If yes, describe where on the body

Kissing, licking or sucking any part of survivor’s body

Touching/Fondling

Condom used

If yes status of condom

Lubricant used

If yes, describe kind of lubricant used

If object used, describe object:

Any other forms of sexual violence

*Explain what condom and lubricant is to the survivor

<table>
<thead>
<tr>
<th>Post incident had the survivor</th>
<th>Yes/No/Do Not know</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changed clothes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changed undergarments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaned/washed clothes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaned/washed undergarments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Douched</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passed urine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passed stools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rinsing of mouth/Brushing/ Vomiting (Circle any or all as appropriate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. General Physical Examination

Is this the first examination?

- Pulse
- BP
- Temp.
- Resp. Rate
- Pupils

Any observation in terms of general physical wellbeing of the survivor.

7. Examination for injuries on the body if any

The pattern of injuries sustained during an incident of sexual violence may show considerable variation. This may range from complete absence of injuries (more frequently) to grievous injuries (very rare).

- Look for bruises, physical/torture injuries, nail abrasions, teeth bite marks, cuts, lacerations, fracture, tenderness, any other injury, boils, lesions, discharge specially on the scalp, face, neck, shoulders, breast, wrists, forearms, medial aspect of upper arms, thighs and buttocks

- Note the Injury type, site, size, shape, colour, swelling signs of healing simple/grievous, dimensions.

| Localised bone injury: orbital blackening, tenderness |
| Scalp examination for areas of tenderness(if hair pulled out/ dragged by hair) |
| Facial bone injury |
| External haemorrhage in eyes and other places |
| Nose and Buccal Mucosa / Cheeks |
| Behind the ears |
| Ear drum |
| Neck, Shoulders and Breast |
| Upper limb |
| Upper aspect of upper arms |
| Upper aspect of thighs |
| Lower limb |
| Feet/soles |
| Hip |
| Other, please specify |


18. Local examination of genital parts/other orifices:
A. External Genitalia: Record findings and state NA where not applicable.

<table>
<thead>
<tr>
<th>Body parts to be examined</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urethral meatus &amp; vestibule</td>
<td></td>
</tr>
<tr>
<td>Labia majoris</td>
<td></td>
</tr>
<tr>
<td>Labia minora</td>
<td></td>
</tr>
<tr>
<td>Faucllet + Introitus</td>
<td></td>
</tr>
<tr>
<td>Hymen</td>
<td></td>
</tr>
<tr>
<td>Perineum</td>
<td></td>
</tr>
<tr>
<td>External Urethral Meatus</td>
<td></td>
</tr>
<tr>
<td>Penis</td>
<td></td>
</tr>
<tr>
<td>Scrotum</td>
<td></td>
</tr>
<tr>
<td>Testes</td>
<td></td>
</tr>
<tr>
<td>Clitorilpenis</td>
<td></td>
</tr>
<tr>
<td>Labioscroton</td>
<td></td>
</tr>
<tr>
<td>Any Other</td>
<td></td>
</tr>
</tbody>
</table>

*Per/Vaginum Per Speculum examination should not be done unless required for detection of injuries or for medical treatment.

P/S findings if performed

P/V findings if performed

Record reasons if P/V or P/S examination performed

C. Anus and Rectum (encircle the relevant)

Bleeding/tear/discharge/oedema/tenderness

D. Oral Cavity (encircle the relevant)

Bleeding/discharge/tear/oedema/tenderness
19. Systemic examination:

1) Central Nervous System: 
2) Cardiovascular System: 
3) Respiratory System: 
4) Chest: 
5) Abdomen: 

20. Sample collection/investigations for hospital laboratory/Clinical laboratory

1) Blood for HIV, VDRL, HbsAg 
2) Urine test for Pregnancy 
3) Ultrasound for pregnancy/internal injury 
4) X-ray for (Age determination, injury assessment and clinical requirement if any) 

21. Samples Collection for Central/State Forensic Science Laboratory

1) Debris collection paper 
2) Clothing evidence, where available – (to be packed in separate paper bags after air drying) 

List and Details of clothing worn by the survivor at time of incident of sexual violence
Body evidence samples as appropriate (duly labeled and packed separately)

<table>
<thead>
<tr>
<th>Sample Description</th>
<th>Collected/Not Collected</th>
<th>Reason for not collecting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swabs from Stains on the body (blood, semen, foreign material, others)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scalp hair (10-15 strands)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head hair combing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nail scrapings (both hands separately)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nail clippings (both hands separately)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral swab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood for grouping, testing drug/alcohol intoxication (plain vial)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood for alcohol levels (Sodium fluoride vial)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood for DNA analysis (EDTA vial)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine (drug testing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other (tampon/sanitary napkin/condom/object)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4) Genital and Anal evidence (Each sample to be packed, sealed, and labeled separately-to be placed in a bag)

* Swab sticks for collecting samples should be moistened with distilled water provided.

<table>
<thead>
<tr>
<th>Sample Description</th>
<th>Collected/Not Collected</th>
<th>Reason for not collecting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mattred pubic hair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pubic hair combing (mention if shaved)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cutting of pubic hair (mention if shaved)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Vulval swabs (for semen examination and DNA testing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Vaginal swabs (for semen examination and DNA testing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Anal swabs (for semen examination and DNA testing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal smear (air-dried) for semen examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal washing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urethral swab</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swab from glans of penis/citorpenis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Samples to be preserved as directed till handed over to police along with duly attested sample seal

22. Date and time of completion of examination
This report contains ____________________________ number of sheets and ____________________________ number of envelopes.

23. Provisional / Primary Medical Opinion

Supplementary report follow after receiving the investigation report

Signature of Examining Doctor
Name of Examining Doctor (in capital Letters)
Designation
Seal
24. List of Forensic samples handed over to IO / Mahila Constable

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Signature
IO / Mahila Constable
ID/ CP no.
Designation, Police Station
District
Date / Time
Supplementary Medico Legal Report
Proforma Part- A

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>D/S/W/O</td>
</tr>
<tr>
<td>R/O</td>
</tr>
<tr>
<td>Police Station</td>
</tr>
<tr>
<td>District</td>
</tr>
<tr>
<td>Medicolegal examination Date/Time</td>
</tr>
<tr>
<td>Pathology Report</td>
</tr>
</tbody>
</table>

| Radiological Report                       |

Final opinion

Enclosures

Date/Place/Time
Signature
Name of Medical Officer
(Capital Letters) Designation
Seal

Counter signed
Name of SMO
(Capital Letters) Designation
Seal

In the case of minor and/or SC/ST report should be counter signed by senior medical officer/CMS.
Secondary Supplementary Medicolegal Report

Name
D/W/O
R/O
PS
Dist.

Medicolegal Examination Date/Time
Supplementary Report Date/Time

Report from FSL

Final opinion

Enclosures

Date/Place/Time

Signature
Name of Medical Officer
(Capital Letters) Designation
Seal
Medico legal Examination Form for Burn Injured person

Burn Injury Form

Serial No. ................................................. FIR No. .................................
Date of Examination................................. Time of Examination...........
Name ...........................................................
Age...........................................................
D/S/W/O ......................................................
Address ................................................................
Identification marks 1- ........................................
2- ......................................................................
Brought By ................................................................
Consent (if necessary)
History and alleged cause of Injury

History given by Injured/ accompanying person
Name of the accompanying person
Relation with Injured
General Physical Examination
  • Is this the first examination ..............................
  • Pulse.............. B.P. .................................
  • Temp.............. Resp. Rate......................
  • Pupils..............
  • Any observation in terms of general physical wellbeing of the survivor

.................................................................
Medico legal Examination Form for Burn Injured person

Burn Injury Form

Serial No. ..........................................
Date of Examination .........................
Name .............................................
Age ................................................
D/S/W/O .........................................
Address ..........................................  
Identification marks 1- ................................
2- ...................................................
Brought By ........................................
Consent (If necessary)  
History and alleged cause of Injury  

History given by Injured/ accompanying person
Name of the accompanying person
Relation with Injured

General Physical Examination
• Is this the first examination ......................
• Pulse ............................................. B.P. ..................................
• Temp ............................................. Resp. Rate ......................
• Pupils .............................................
• Any observation in terms of general physical wellbeing of the survivor

..................................................
Details of Injuries

Number of additional sheets if any

Percentage of Burn

<table>
<thead>
<tr>
<th>Part</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anterior Head</td>
<td></td>
</tr>
<tr>
<td>Posterior Head</td>
<td></td>
</tr>
<tr>
<td>Anterior Torso</td>
<td></td>
</tr>
<tr>
<td>Posterior Torso</td>
<td></td>
</tr>
<tr>
<td>Right Arm</td>
<td></td>
</tr>
<tr>
<td>Left Arm</td>
<td></td>
</tr>
<tr>
<td>Right Leg</td>
<td></td>
</tr>
<tr>
<td>Left Leg</td>
<td></td>
</tr>
<tr>
<td>Perineum</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

Whether admitted or not: Admitted/ Observation/ Outpatient/ Expired in casualty/ Referred.
Opinion: Could be/ could not be as alleged
Type of Burn: Thermal/Corrosive
Nature
Duration
Refer for any test
Refer for further specialist opinion
Information to concern Police Station
Date and Time of completion of Examination
Date
Place

Signature
Name (Capital letters)
Disignation (Capital letters)
Seal

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