

(Legislative Supplement No. 17)

LEGAL NOTICE NO. 34

THE NATIONAL POLICE SERVICE ACT

(No. 11a of 2011)

IN EXERCISE of the powers conferred by section 10 (r) of the National Police Service Act, 2011, the Inspector-General National Police Service makes the following Service Standing Orders—

**THE NATIONAL POLICE SERVICE STANDING ORDERS
(AMENDMENT) ORDER, 2021**

1. These Regulations may be cited as the Service Standing Orders (Amendment) Order, 2021.

Citation.

2. Chapter 42 of the Service Standing Orders, in this order referenced to as “the principal Orders” is amended in paragraph 3—

Amendment of
chapter 42 L.N
No. 100 of 2017.
Medical
examination and
use of police form
P3.

- (a) by deleting the word “duplicate” appearing in the sub paragraph (1)(b) and substituting therefor the word “triplicate”.
- (b) in paragraph (4), by deleting the words “except in crimes covered under the Sexual Offences Act”.
- (c) by deleting sub paragraph (5);
- (d) by deleting sub paragraph (6);
- (e) by deleting the words “or Post-Rape Care Form” appearing in sub paragraph (7);
- (f) in sub paragraph (8), by deleting the words “Post-Rape Care Form” and substituting therefor the words “a P3 form”.

3. Appendix 70C of the principal Orders is amended by deleting Form P3 and substituting therefor the following new form—



THE NATIONAL POLICE SERVICE
MEDICAL EXAMINATION REPORT (P3)

(The issuance and completion of this form is free of charge)

*This form is to be completed by a police officer and a trained medical practitioner (Public officers); electronically or manually in **CLEAR** and **LEGIBLE** handwriting and signed on every page; please complete three copies. Additional page may be used, stapled and every page signed by the medical practitioner and the police officer.*

PART ONE - DETAILS OF COMPLAINT/INCIDENT (Completed by the police officer requesting the forensic medical examination)

NATURE OF ALLEGED OFFENCE/INCIDENT _____

DATE AND TIME OF ALLEGED OFFENCE/INCIDENT _____

DATE AND TIME REPORTED TO POLICE _____

DATE OF ISSUE OF POLICE MEDICAL REPORTFORM _____

POLICE OCCURRENCE BOOK NUMBER _____ FROM:

POLICE STATION _____

SERVICE NO AND NAME OF INVESTIGATING OFFICER SIGNATURE TO:

NAME OF MEDICAL FACILITY _____

REQUEST FOR FORENSIC MEDICAL EXAMINATION OF:

COMPLAINANT SUSPECT/ACCUSED

NAME _____

AGE _____ SEX _____ ID No./Birth Certificate No. _____ DATE

SENT TO MEDICAL FACILITY _____ ESCORTED

TO MEDICAL FACILITY BY (fill as applicable):

1. Police Officer Name and Service No. _____ Signature _____ 2.

Accompanying Authorized Guardian Name _____ ID No. _____

(In the "Escorted By" section to the medical/forensic facility fill in the Name of Police Officer and/ or Authorised Guardian)

BRIEF DETAILS OF THE ALLEGED OFFENCE/INCIDENT

PURPOSE OF EXAMINATION (eg. to conduct a forensic examination for suspected defilement/physical assault/torture)

OFFICER COMMANDING STATION/WARD COMMANDER:

NAME: _____ **SIGNATURE:** _____

PART TWO - DETAILS OF THE FORENSIC MEDICAL EXAMINATION (to be completed by the medical practitioner)

MEDICAL/FORENSIC FACILITY REFERENCE/ FILE NUMBER _____ **SECTION** _____

A. DETAILS OF PRACTITIONER AND FACILITY

PRACTITIONER NAMES	MEDICAL/FORENSIC FACILITY NAME
PRACTITIONER REGISTRATION NUMBER	PATIENT RECORD/FILE/REFERENCE NUMBER
PRACTITIONER QUALIFICATIONS	FACILITY TELEPHONE CONTACT
PRACTITIONER TELEPHONE CONTACT	FACILITY PHYSICAL ADDRESS

SECTION B. PATIENT INFORMATION

CONSENT/ASSENT FOR FULL FORENSIC MEDICAL EXAMINATION

I understand that this examination will include:

Full Medical History and a Complete Forensic Medical Examination

Collection of Forensic specimens and/or Medical samples

Taking of notes, photographs, videos, digital images for recording and evidential purposes including second opinions from forensic/medical experts and peer reviews

I have been informed that any sensitive photographs, videos, and or digital images will be stored securely and only be made available to other non-medical persons on the order of a Court.

I understand and agree that copy of the medical notes/statement/report and expert testimony may be given to professionals involved in the case and may be used in court.

I agree to the use of anonymized photographs/imaging/videos for teaching and research purposes.

I have been advised that I may stop the examination at any point.

CONSENT GIVEN

DATE OF BIRTH ___/___/___ AGE: _____ SEX : M F Intersex

PATIENT ACCOMPANIED BY (Insert Name and Relationship)

_____ PERSONS

PRESENT DURING EXAMINATION:

1. _____

2. _____

PART 3: SECTION A: RELEVANT MEDICAL HISTORY

(Note any notable disabilities/impairments; document relevant medical history. Include details relevant to the offence and previous injuries that may affect interpretation of findings. Additional notes may be attached)

ADDITIONAL MEDICAL HISTORY RELEVANT TO SEXUAL OFFENCES

Since the alleged offence took place has the patient:

CHANGED CLOTHES YES NO UNKNOWN CONDOM

USED YES NO UNKNOWN

BATHED/WASHED/SHOWERED YES NO

URINATED YES NO

DEFECATED YES NO

WIPED YES NO

CURRENTLY PREGNANT YES NO UNKNOWN

CURRENTLY MENSTRUATING YES NO

Notes _____

History given by:

Name: _____ Relationship: _____ Signature _____

SECTION B: GENERAL EXAMINATION

(All specimens collected must be properly packaged, labelled and preserved. Indicate relevant clinical signs.)

VITAL SIGNS

Heart Rate _____ Respiratory Rate _____ Blood Pressure _____ Temperature _____

Other relevant clinical signs _____

STATE OF CLOTHING

Torn/damaged/blood stained/soiled/washed. Indicate if clothes were changed prior to examination.

Describe the stains/debris (eg. white colored discharge possibly semen)

Clothing Collected For Forensic Analysis YES NO IF NO GIVE REASONS _____

Describe the physical appearance and behavior (eg orientation, grooming, coherent, anxious)

Height _____ Weight _____ Head Circumference (under 2 yrs) _____

General Body Build(frail/normal/obese/other)

Percentiles (Children Only)

Other Relevant Information

Clinical evidence of intoxication (e.g. slurred speech, dilated pupils, ataxia, altered consciousness etc)

SAMPLES COLLECTED FOR TOXICOLOGY WHERE RELEVANT**BLOOD** YES NO**URINE** YES NO**SECTION C: PHYSICAL EXAMINATION**

(Describe the nature, position, shape, extent of injuries on the body. The general position of all injuries must be denoted on the annexed body charts. Note any traditional marks/ornaments. Photographs must be documented) Refer to annexes for labeled diagram of anatomy)

Head and Neck

Oral (note any injuries in the mouth)

Eye/Orbit (Left and Right, including petechiae, peri-orbital edema, intra-orbital /retinal hemorrhage)

Scalp

ENT (including any injuries within and around the ears)

CNS (level of consciousness – A.V.P.U, Gait, other)

Chest (note any distension, tenderness, abnormality, irregular breathing, cardiac disorders)

Abdomen (note any distension, tenderness, abnormality)

Upper Limbs

Lower Limbs

ESTIMATE AGE OF INJURY(S)

PROBABLE MECHANISM OF INJURY(S)

DEGREE OF INJURY (S): HARM GREVIOUS HARM MAIM (applies only to Part 3)

DEFINITIONS: "Harm" Means any bodily hurt, disease or disorder whether permanent or temporary. "Maim" means the destruction or permanent disabling of any external or organ, member or sense "Grievous Harm" Means any harm which amounts to maim, or endangers life, or seriously or permanently injures health, or which is likely so to injure health, or which extends to permanent disfigurement, or to any permanent, or serious injury to external or organ.

ADDITIONAL NOTES (INCLUDING PREVIOUS TREATMENT AT OTHER FACILITIES) CAN BE ATTACHED AND NUMBERED AND SIGNED.
ADDITIONAL NOTES YES NO

TREATMENT/REFERRAL PLAN

I conducted the above examination on the ___/___/___ and declare that the contents of this form is true to the best of my knowledge and belief and I am making this statement knowing that, if it were tendered in evidence, I would be liable to prosecution if I willfully stated in it anything I knew to be false or which I do not believe to be true.

Name of medical practitioner (full names) _____ Sign _____

PART 4: GENITAL EXAMINATION TO BE COMPLETED IN ALLEGED SEXUAL OFFENCES AFTER THE COMPLETION OF PART 2 AND 3. (Refer to annexes for labelled diagram of anatomy)

SECTION A: FEMALE GENITAL EXAMINATION

Tanner Stage (children - refer to annex):

Describe the physical state (anatomy) and any injuries to the genitalia with reference to:

Labia majora:

Labia minora:

Clitoris and peri-urethral area:

Hymen: describe the posterior rim, edges of the hymen, posterior fourchette including any injuries

Vagina including the opening: ; Indicate speculum use if relevant.

Cervix:

Note and describe any presence of discharge, blood or infection

B: SPECIMEN COLLECTION (3 swabs per sample). Indicate if Evidence kit is used, include serial No.

MEDICAL SAMPLES		
Blood	YES	NO

Urine	YES	NO
FORENSIC SEROLOGY SAMPLES		
Reference sample – buccal swab blood sample	YES	NO
Oral Swab (In case of ejaculation)	YES	NO
Bite mark Swab	YES	NO
Pubic Hair – specify Combed Shaved Plucked	YES	NO
Low vaginal swab	YES	NO
High Vaginal Swab	YES	NO
Endo-cervical swab	YES	NO
Anal Swab	YES	NO
Finger nail clippings/scrapings	YES	NO

C. MALE GENITAL EXAMINATION

Tanner stage (children - refer to Annex):

Describe in detail the physical state (anatomy) of and injuries to the:

Prepuce/frenulum:

Shaft:

Scrotum:

Anus:

Note presence of discharge from the prepuce, around anus, or/ on thighs, etc; whether recent or of long standing

D. SPECIMEN COLLECTION (3 swabs per sample. Indicate if Evidence kit is used, include serial No.)

MEDICAL SAMPLES		
Blood	YES	NO

Urine	YES	NO
FORENSIC SEROLOGY SAMPLES		
Reference sample – buccal swab blood sample	YES	NO
Oral swab (In case of ejaculation)	YES	NO
Bite mark Swab	YES	NO
Pubic Hair – specify Combed Shaved Plucked	YES	NO
Anal Swab	YES	NO
Rectal swab	YES	NO
Finger nail clippings/scrapings	YES	NO

E.ADDITIONAL REMARKS/OPINION BY THE PRACTITIONER

F. MEDICATION ADMINISTERED (Note any medication administered prior to or after examination eg.

PEP,EC,TT,Hep B)

G. RECOMMENDATIONS/REFERRALS (eg urgent need for further medical review, psychiatric mental status assessment)AGE ASSESSMENT URGENT PEDIATRIC REVIEW PSYCHOTHERAPY
CHILDREN SERVICE

PART 5: CHAIN OF CUSTODY (List the specimens collected)

S/No	Evidence/ Item(s) description	No. of Items	Evidence/ Item(s) Received From	Evidence/ Item(s) Delivered To	Date (DD/MM/YY)	Comments/ Remarks

SPECIMENS COLLECTED BY MEDICAL PRACTITIONER

FULL NAME: _____ ON THIS DAY ___/___/___ AT ___:___ HOURS

FACILITY STAMP WITH DATE CLEARLY MARKED ON COLLECTION DATE

SPECIMENS RECEIVED BY POLICE OFFICER

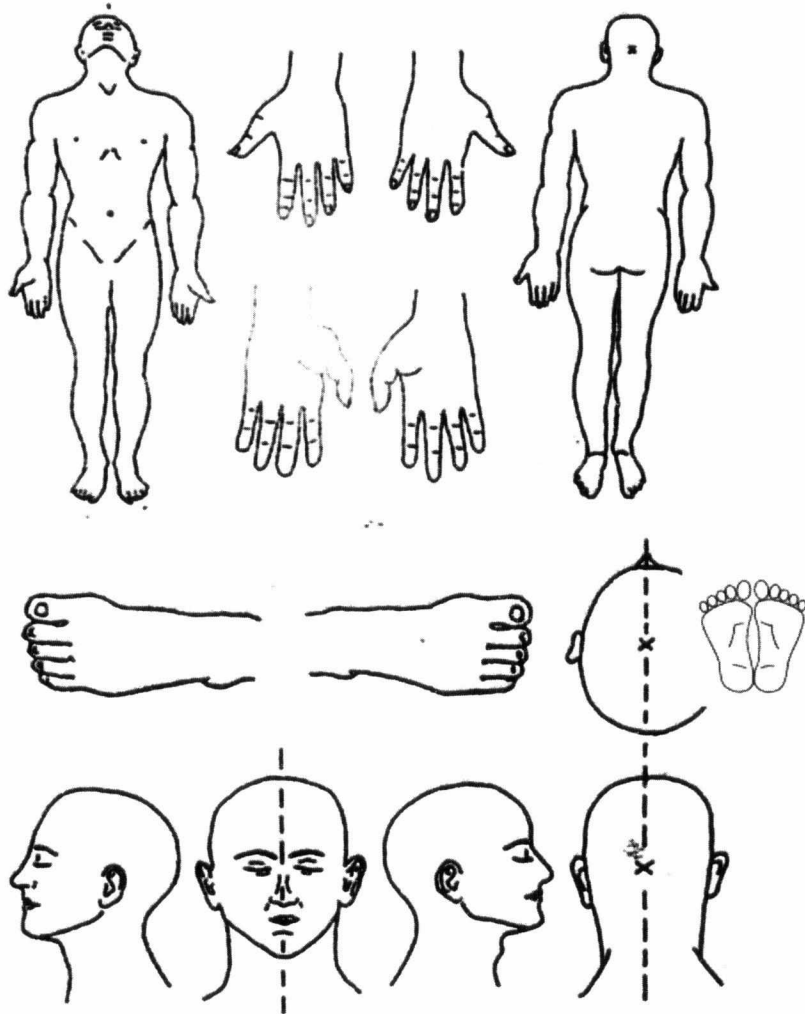
FULL NAME/SERVICE NO: _____ ON THIS DAY ___/___/___ AT ___:___ HOURS

FACILITY STAMP WITH DATE CLEARLY MARKED ON RECEIVED DATE

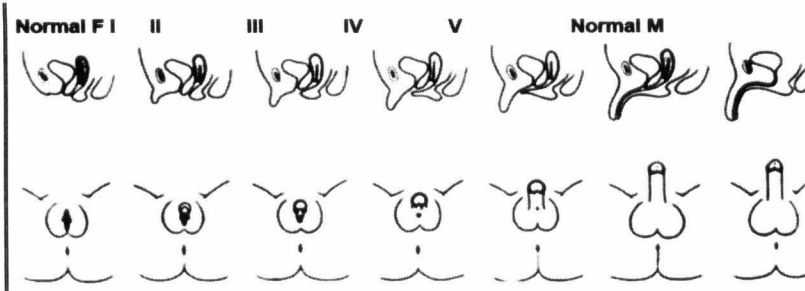
I hereby declare that the information provided in this Medical Examination Report is true and correct to the best of my knowledge and belief. I am aware that if the information is submitted as evidence and any content given is found to be false or incorrect, I may be liable for prosecution. I consent to partake of any prescribed oath / affirmation and consider any such oath/ affirmation as binding on my conscience.

PRACTITIONER SIGNATURE _____ POLICE OFFICER SIGNATURE _____

BODY CHARTAPPENDIX 1: TICK THE APPROPRIATE BOX : CHILD ADULT MALE
FEMALE INTERSEX



INTERSEX GENITALIA



Page

Thighs

Mons pubis

Pubic hair (number stage 1/2/3/4/5 and distribution, eq.ment. col)

Labia majora

Labia minora

Clitoris

Fourchette

Fossa Naticularis

Vestibule

Hymen (diagram when indicated)

Internal findings (if applicable)

Vaginal wall

Cervix

Speculum used: YES / NO

DETAILS OF FEMALE GENITAL FINDINGS

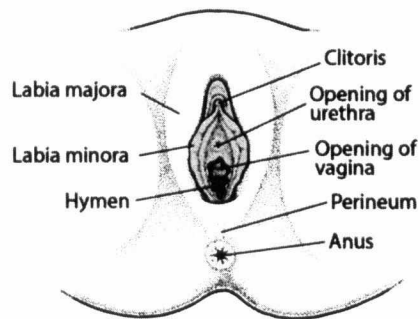
POSITION DURING EXAMINATION

Supine YES No

Left lateral YES No Knee chest

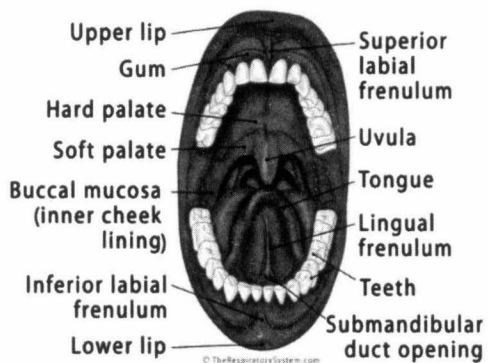
YES No

3

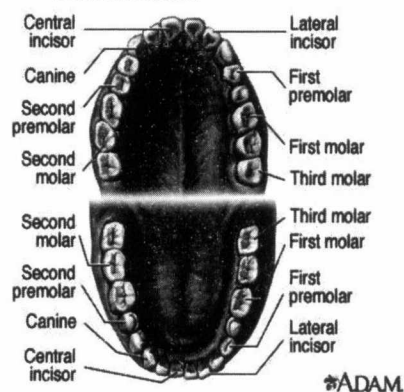


APPENDIX 4: ORAL CAVITY AND DENTITION

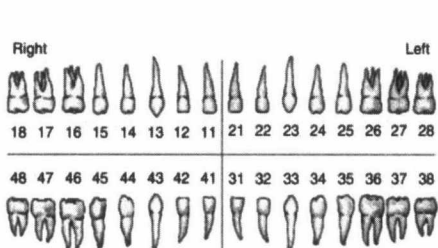
ORAL CAVITY



DENTITION

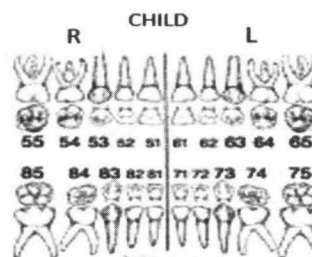


Credit The Respiratory System, Available at <https://www.therespiratorysystem.com/glossary/oral-cavity/>



Credit Science Direct.

ADULT



HILARY N. MUTYAMBAI,
Inspector General National Police Service.