



**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 REPORT FORM _____

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:

NAME _____

AGE _____

CONTACT/MOBILE NO. _____ PLACE OF RESIDENCE _____

DATE SENT TO MEDICAL FACILITY _____

ESCORTED TO MEDICAL FACILITY BY (fill as applicable)

1. Police Officer Name and Service NO. _____ Signature _____

2. Accompanying Authorised Guardian Name _____ ID number _____

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

DETAILS OF THE ALLEGED OFFENCE/INCIDENT

PURPOSE OF EXAMINATION (eg. to conduct a forensic examination for suspected defilement)

1 _____
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5 **POLICE OFFICER COMMANDING STATION:**

6 **NAME:** _____ **SIGNATURE:** _____
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9 **PART TWO - DETAILS OF THE FORENSIC MEDICAL EXAMINATION** (to be completed by the medical
10 practitioner)

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

12 **A. DETAILS OF PRACTITIONER AND FACILITY**

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

13
14 **B. PATIENT INFORMATION**

15 **CONSENT/ASSENT FOR FULL FORENSIC MEDICAL EXAMINATION**

16 I understand that this examination will include:

- 17 a. Full Medical History and a Complete Forensic Medical Examination
- 18 b. Collection of Forensic specimens and/or Medical samples
- 19 c. Taking of notes, photographs, videos, digital images for recording and evidential purposes including
- 20 second
- 21 opinions from forensic/medical experts and peer reviews
- 22 d. I have been informed that any sensitive photographs, videos, and or digital images will be stored securely
- 23 and
- 24 only be made available to other non-medical persons on the order of a Court.
- 25 e. I understand and agree that copy of the medical notes/statement/report and expert testimony may be
- 26 given
- 27 to professionals involved in the case and may be used in court.
- 28 f. I agree to the use of anonymized photographs/imaging/videos for teaching and research purposes.
- 29 g. I have been advised that I may stop the examination at any point.
- 30

31 **FULL NAMES OF THE PATIENT**

32 _____
33 **FULL NAMES OF AUTHORISED GUARDIAN (where applicable)**

34 _____
35 **SIGNATURE AND DATE**

36 _____
37 **CONSENT NOT GIVEN - Indicate Reason(s)**

38 _____
39 _____
40 _____
41 **DATE OF BIRTH** ___/___/___ **AGE:** _____ **SEX :** M F Intersex

1 PATIENT ACCOMPANIED BY _____

2 PERSONS PRESENT DURING EXAMINATION:

3 1. _____

4 2. _____

6 **SECTION A: MEDICAL HISTORY**

7 (Take note of any notable disabilities/impairments; document relevant medical history)

8 _____
9 _____
10 _____
11 _____
12 _____
13 _____
14 _____
15 _____

16 **ADDITIONAL MEDICAL HISTORY RELEVANT TO SEXUAL OFFENCES**

17 Since the alleged offence took place has the patient:

- 18 CHANGED CLOTHES YES NO
- 19 BATHED/WASHED/SHOWERED YES NO
- 20 URINATED YES NO
- 21 DEFACATED YES NO
- 22 CURRENTLY PREGNANT YES NO UNKNOWN
- 23 CURRENTLY MENSTRUATING YES NO

24 Notes _____
25 _____
26 _____
27 _____
28 _____
29 _____

30 History given by:

31 Name: _____ Relationship: _____ Signature _____

32 **SECTION B: GENERAL EXAMINATION** (All specimens collected must be properly packaged,
33 labelled and preserved)

34 **VITAL SIGNS**

35 Heart Rate ___ Respiratory Rate ___ Blood Pressure ___ Temperature ___ Oedema ___

36 Lymph Nodes _____

38 **STATE OF CLOTHING**

39 Torn/damaged/blood stained/soiled. Indicate if clothes were changed.

40 _____
41 _____
42 _____

43 Describe the stains/debris (eg possible semen)

44 _____
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46 Clothing Collected For Forensic Analysis YES NO

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

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Height _____ Weight _____

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

BLOOD YES NO

URINE YES NO

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 labelled diagram of anatomy)

Head and Neck

Oral (note any injuries in the mouth)

Eye/Orbit (Left and Right, including petechiae, intraorbital /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)

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Upper Limbs

Upper Limbs

Lower Limbs

ESTIMATE AGE OF INJURY(S)

PROBABLE MECHANISM OF INJURY(S)

DEGREE OF INJURY (S): HARM GREIVIOUS HARM MAIM (applies only to Section B)

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

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 _____

SECTION C: SEXUAL OFFENCES TO BE COMPLETED IN ALLEGED SEXUAL OFFENCES AFTER THE COMPLETION OF SECTIONS "A" AND "B". Refer to annexes for labelled diagram of anatomy

GENITAL EXAMINATION

1. 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:

Vestibule:

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

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Vagina: _____

Cervix; _____

Note and describe any presence of discharge, blood or infection _____

SPECIMEN COLLECTION (3 swabs per sample)

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

2. 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 _____

SPECIMEN COLLECTION (3 swabs per sample)

MEDICAL SAMPLES		
Blood	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Urine	YES <input type="checkbox"/>	NO <input type="checkbox"/>
FORENSIC SEROLOGY SAMPLES		
Reference sample – buccal swab/blood sample	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bite mark Swab	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pubic Hair – specify Combed <input type="checkbox"/> Shaved <input type="checkbox"/> Plucked <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Anal Swab	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rectal Swab	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Oral swab (In case of ejaculation)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Anal Swab	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Finger nail clippings/scrapings	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ADDITIONAL REMARKS/CONCLUSION BY THE PRACTITIONER

MEDICATION ADMINISTERED (Note any medication administered prior to or after examination eg PEP,EC,TT,Hep B)

RECOMMENDATIONS/REFERRALS (eg urgent need for children officer/pediatrician review/admission)

CHAIN OF CUSTODY (List the specimens collected)

S/No	Evidence/ Item(s) description	Evidence/ Item(s) Received From	Evidence/ Item(s) Delivered To	Date	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

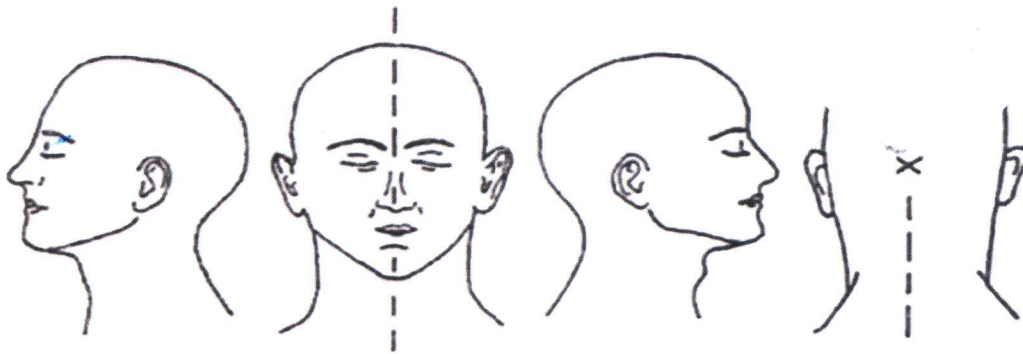
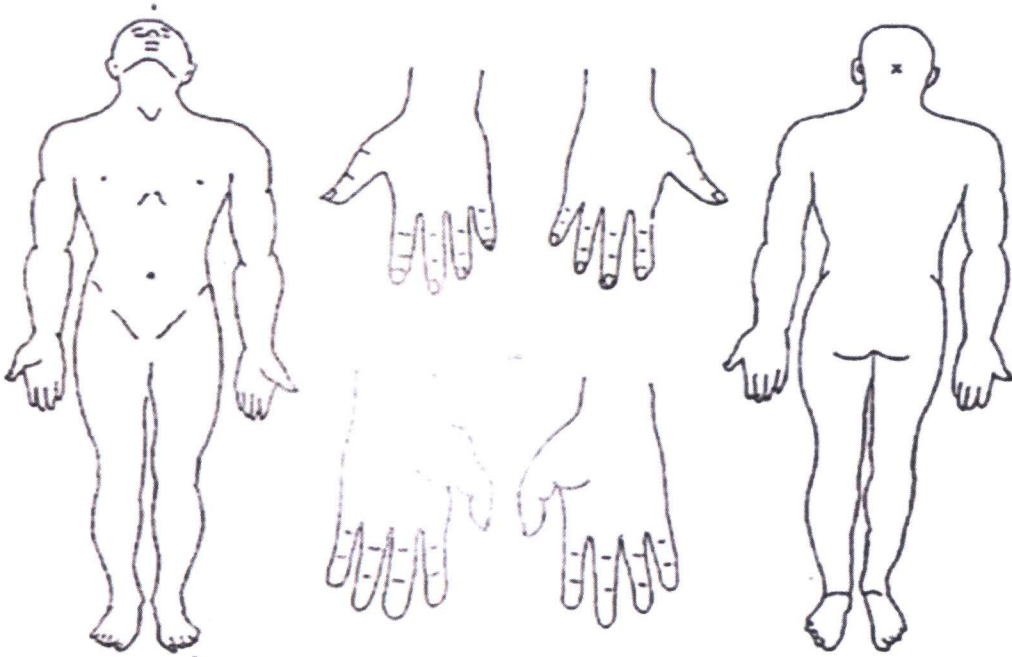
FACILITY STAMP WITH DATE CLEARLY MARKED ON RECEIVED DATE

The content of this declaration is true and of my knowledge and belief. I am aware that should it be submitted as evidence and I know that something appears herein which I know to be false or believe not to be true, I could be liable for prosecution. 1. I know and understand the contents of this declaration 2. I have no objection to taking the prescribed oath 3. I consider the prescribed oath to be binding to my conscience

PRACTITIONER SIGNATURE _____ POLICE OFFICER SIGNATURE _____

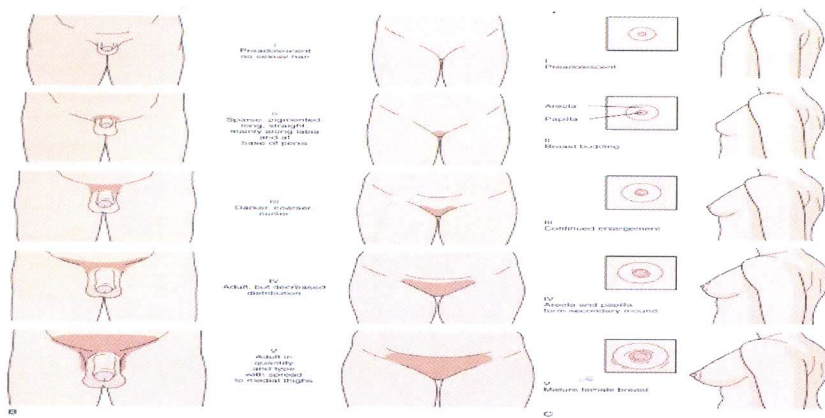
BODY CHART

APPENDIX 1: TICK THE APPROPRIATE BOX : CHILD ADULT MALE FEMALE INTERSEX



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APPENDIX 2: TANNER STAGE (this does NOT give an age estimate)



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APPENDIX 3: GENITALIA

DETAILS OF MALE GENITAL FINDINGS

Thighs

Pubic Area (Tanner stage __)

Pubic Hair

Scrotum

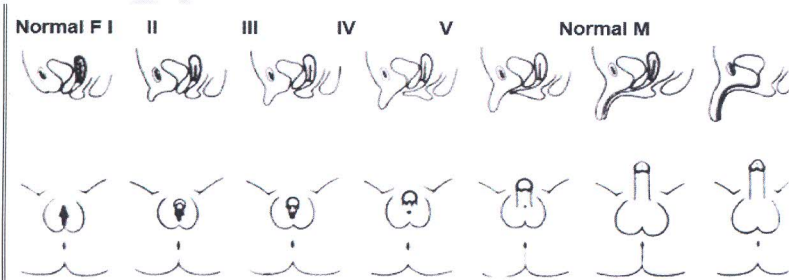
Testes (Tanner stage __, no. palpable 1/2)

Penis

Foreskin (circumcised YES/NO)

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INTERSEX GENITALIA



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DETAILS OF FEMALE GENITAL FINDINGS

Thighs

Mons pubis

Pubic hair (tanner stage 1/2/3/4/5 and description, eg shaved, cut)

Labia majora

Labia minora

Clitoris

Fourchette

Fossa Navicularis

Vestibule

Hymen (diagram when indicated)

Internal findings (if applicable)

Vaginal wall

Cervix

Speculum used: YES / NO

POSITION DURING EXAMINATION

Supine YES No

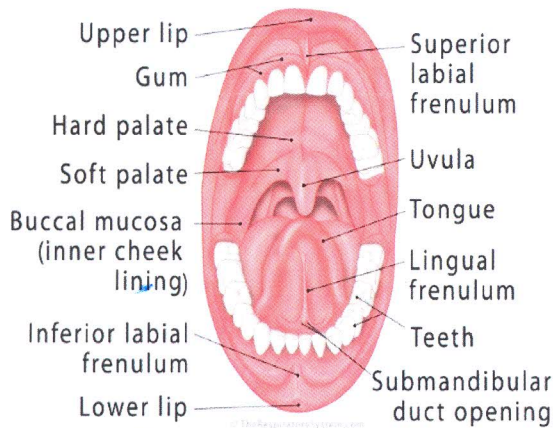
Left lateral YES No

Knee chest YES No

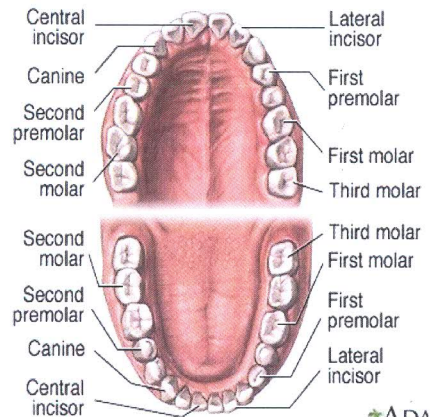
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APPENDIX 4: ORAL CAVITY AND DENTITION

ORAL CAVITY



DENTITION



ADAM.

<https://images.app.goo.gl/Hpc7ELBqVRu7uW5P7>

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