



IPOA FORM 6

(r. 31(1),37(5)(a),59(2)

MEDICAL EXAMINATION REPORT FORM

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

(Completed by the Investigation officer requesting the forensic medical examination)

PART ONE: DETAILS OF COMPLAINT

DATE OF ISSUE

CASE REFERENCE DATA

Investigation Reference Number

Medical/Forensic Facility Reference/ File Number

FROM:

IPOA OFFICE

NAME OF INVESTIGATING OFFICER

CONTACT NO.

TO:

Name of Medical Facility

Location of Medical Facility

REQUEST FOR FORENSIC MEDICAL EXAMINATION OF:

Name

Age

Contact.....

Date and Time of the Alleged Offence

Date Sent to Medical Facility

Escorted By

(In the Escorted By section to the medical/forensic facility fill in the Name of Investigation Officer and or Authorized/legal Guardian)

DETAILS OF THE ALLEGED OFFENCE

.....

.....

.....

.....

PURPOSE OF EXAMINATION

.....

NAME – INCHARGE INVESTIGATION

SIGNATURE- INCHARGE INVESTIGATION

PART TWO - DETAILS OF THE FORENSIC MEDICAL EXAMINATION

(This form is to be completed by trained gazetted medical/clinical practitioners (Public officers); electronically or manually in legible handwriting and signed on every page; please type three copies apart from the original manuscript.)

A. DETAILS OF PRACTITIONER AND FACILITY

Name of Practitioner	Name of Medical/Forensic Facility
Registration Number of Practitioner	Patient Record/File/Reference Number
Qualifications of The Practitioner	Telephone Contact of Facility
Telephone Contact and Physical Address	Physical Address of Facility

B. PATIENT INFORMATION

CONSENT/ASSENT FOR FULL FORENSIC MEDICAL EXAMINATION

I understand that this examination will include:

- (a) Full Medical History and a Complete Forensic Medical Examination
- (b) Collection of Forensic specimens and/or Medical samples
- (c) Taking of notes, photographs, videos, digital images for recording and evidential purposes including second opinions from forensic/medical experts and peer reviews
- (d) I have been told 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 judge.
- (e) 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.
- (f) I agree to the use of anonymized photographs/imaging/videos for teaching and research purposes.

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

FULL NAMES OF COMPLAINANT/LEGAL GUARDIAN

SIGNATURE AND DATE

CONSENT NOT GIVEN - Indicate Reason(s)

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

SEX M F

DATE OF BIRTH

PATIENT ACCOMPANIED BY

PERSONS PRESENT DURING EXAMINATION:

- 1.
- 2.
- 3.

SECTION A: MEDICAL HISTORY

(Take note of intellectual disabilities/impairments; document relevant medical history)

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MEDICAL HISTORY FOR SEXUAL OFFENCE CASES

Since the alleged offence took place has the patient

CHANGED CLOTHING YES NO

BATHED/WASHED/SHOWERED YES NO

URINATED YES NO

CURRENTLY PREGNANT YES NO

Notes.....
.....
.....
.....
.....
.....
.....

History given by

GENERAL EXAMINATION

VITAL SIGNS

Heart Rate.....

Respiratory Rate

Blood pressure.....

Temperature.....

Bipedal Edema.....

Lymph nodes

STATE OF CLOTHING

Torn/damaged/blood stained/soiled.....

.....

.....

.....

Describe the stains/debris

.....

.....

.....

Clothing Collected For Forensic Analysis YES NO

Clothing PACKAGED SEALED LABELLED

Clothing dispatched to:

NAME OF INVESTIGATION OFFICER NAME OF MEDICAL PRACTITIONER

_____ by hand of _____

Describe the physical appearance of the patient

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

Height _____ Weight _____

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

Percentiles (*Children Only*)

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.....
.....

Other Relevant Information

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

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

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

SAMPLES COLLECTED FOR TOXICOLOGY

BLOOD YES NO URINE YES NO SWABS YES NO

SECTION B: PHYSICAL EXAMINATION

(Describe the nature, position, shape, extent of injuries on the body. The general position of all injuries must be denoted on the body charts)

Head and Neck

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.....

Oral (note any injuries in the mouth)

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Scalp

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.....

Neck

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.....

ENT (note any injuries within and around the ears)

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.....
.....

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

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.....
.....

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

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.....
.....

Abdomen (note any distension, tenderness, abnormality)

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.....

Upper Limbs

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

Lower Limbs

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

ESTIMATE AGE OF INJURY(S)

.....
.....

PROBABLE MECHANISM OF INJURY (S)

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

DEGREE OF INJURY (S)

HARM GREVIOUS HARM MAIM

ADDITIONAL NOTES

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

I conducted the above examination on the _____ (date) 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 practitioner (full names) _____

Signature of practitioner _____

SECTION C: SEXUAL OFFENCES

GENITAL EXAMINATION

FEMALE COMPLAINANT/PATIENT

Tanner Stage (children):

.....
.....

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

Labia majora:

.....

Labia minora:

.....
.....

Clitoris and peri-urethral area:

.....

Vestibule:

.....

Hymen: describe the posterior rim and edges of the hymen

.....

Vagina:

.....

Cervix;

.....

Note any presence of discharge, blood or infection

.....

.....

SPECIMEN COLLECTION FEMALE COMPLAINANT/PATIENT

Reference sample –	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Buccal swab		
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"/>
Oral swab (in case of ejaculation)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Combing for pubic hair	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bite mark swabs	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Finger nail clippings	YES <input type="checkbox"/>	NO <input type="checkbox"/>

MALE COMPLAINANT/PATIENT

Tanner stage (children):

.....
.....

Describe in detail the physical state of and injuries to the:
Prepuce:

.....
.....

Shaft:

.....

Scrotum:

.....

Anus:

.....

SPECIMENS COLLECTED MALE COMPLAINANT/PATIENT

MEDICAL

- Blood YES NO
- Urine YES NO

FORENSIC

- Reference sample – Buccal swab YES NO
- Oral swab (in case of ejaculation) YES NO
- Bite mark swab YES NO
- Finger nail clippings YES NO
- Anal swab YES NO
- Genital swab YES NO

SECTION D: PERSON ACCUSED OF ANY SEXUAL OFFENCE

FEMALE ACCUSED

Tanner Stage (Children):

Describe in detail the physical state of and injuries to the:

.....

Labia Majora:

.....

Labia Minora:

.....

Clitoris and Peri-Urethral area

.....

Vestibule:

.....

Hymen: describe the posterior rim and edges of the hymen:

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.....

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.....

.....

Vagina:

.....

Cervix:

.....

Note any presence of discharge, blood or infection

.....

SPECIMEN COLLECTION FEMALE ACCUSED

MEDICAL

Blood YES NO

Urine YES NO

FORENSIC

Reference sample – Buccal swab YES NO

Oral swab (in case of ejaculation) YES NO

Bite mark swab YES NO

Finger nail clippings YES NO

Anal swab YES NO

Genital swab YES NO

MALE ACCUSED

Tanner Stage (Children):

.....

Frenulum:

.....

Shaft:

.....

Scrotum:

.....

Anus:

.....

SPECIMENS COLLECTED MALE ACCUSED

MEDICAL

Blood	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Urine	YES <input type="checkbox"/>	NO <input type="checkbox"/>

FORENSIC

Reference sample – buccal swab	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"/>
Finger nail clippings	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Anal swab	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Genital swab	YES <input type="checkbox"/>	NO <input type="checkbox"/>

MEDICAL

Blood	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Urine	YES <input type="checkbox"/>	NO <input type="checkbox"/>

FORENSIC

Reference sample – buccal swab	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"/>
Oral swab (in case of ejaculation)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Combing for pubic hair	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bite mark swabs	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Finger nail clippings	YES <input type="checkbox"/>	NO <input type="checkbox"/>

MEDICAL

Blood	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Urine	YES <input type="checkbox"/>	NO <input type="checkbox"/>

FORENSIC

Reference sample – buccal swab	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"/>
Finger nail clippings	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Anal swab	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Genital swab	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ES <input type="checkbox"/>	NO <input type="checkbox"/>	
Bite mark swabs	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Finger nail clippings	YES <input type="checkbox"/>	NO <input type="checkbox"/>

MEDICAL

Blood	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Urine	YES <input type="checkbox"/>	NO <input type="checkbox"/>

FORENSIC

Reference sample – buccal swab	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"/>
Oral swab (in case of ejaculation)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Combing for pubic hair	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bite mark swabs	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Finger nail clippings	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ADDITIONAL REMARKS BY THE PRACTITIONER

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.....

MEDICATION ADMINISTERED

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

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RECOMMENDATIONS/REFERRALS

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.....
.....

CHAIN OF CUSTODY

SPECIMENS COLLECTED BY MEDICAL PRACTITIONER

FULL NAMES _____ ON

THIS DAY _____ AT THIS TIME _____

FACILITY STAMP WITH DATE CLEARLY MARKED ON COLLECTION DATE

SPECIMENS RECEIVED BY INVESTIGATING OFFICER

FULL NAMES ARE _____ ON

THIS DAY _____ AT THIS TIME _____

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.

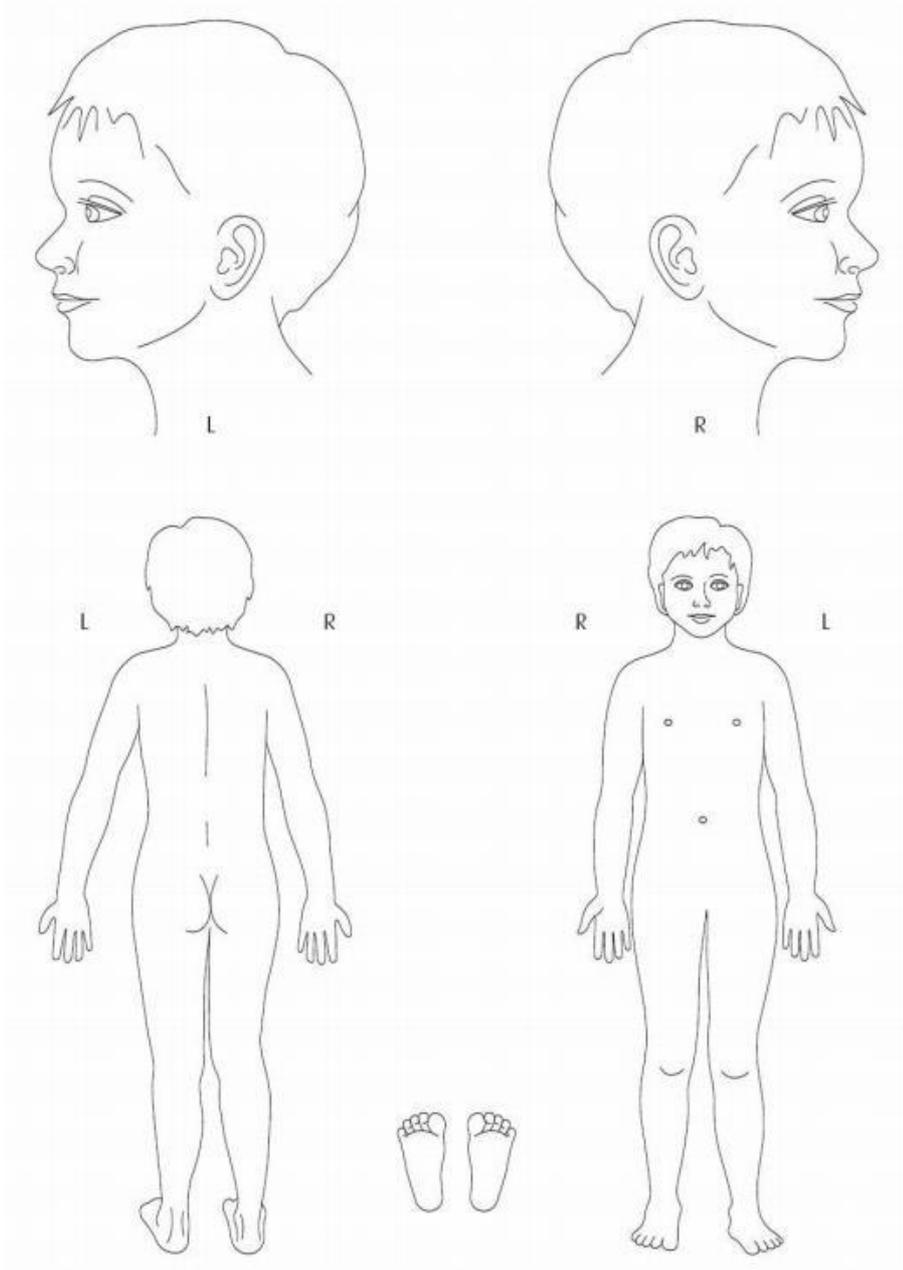
- 1. I know and understand the contents of this declaration
- 2. I have no objection to taking the prescribed oath
- 3. I consider the prescribed oath to be binding to my conscience

SIGNED BY PRACTITIONER _____

SIGNATURE OF INVESTIGATING OFFICER _____

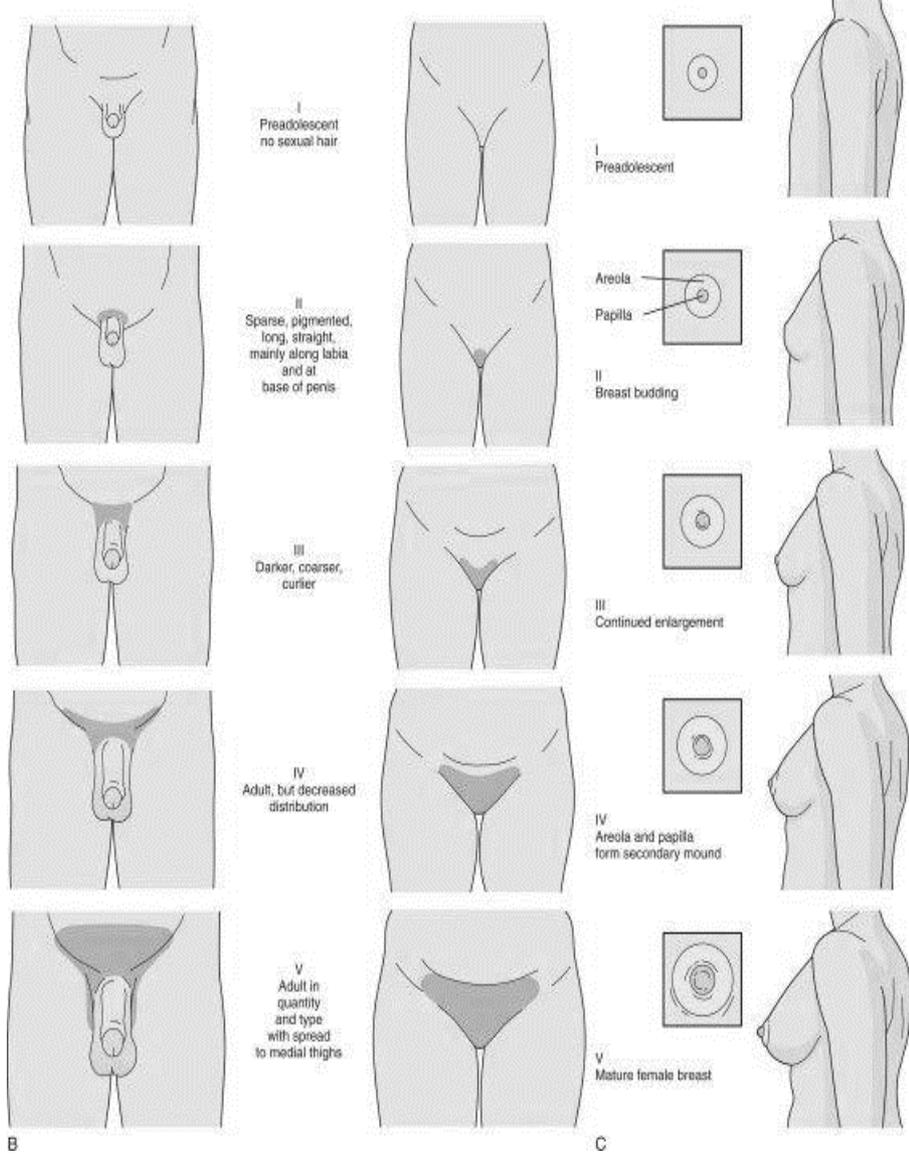
BODY CHARTS
APPENDIX 1.

CHILD

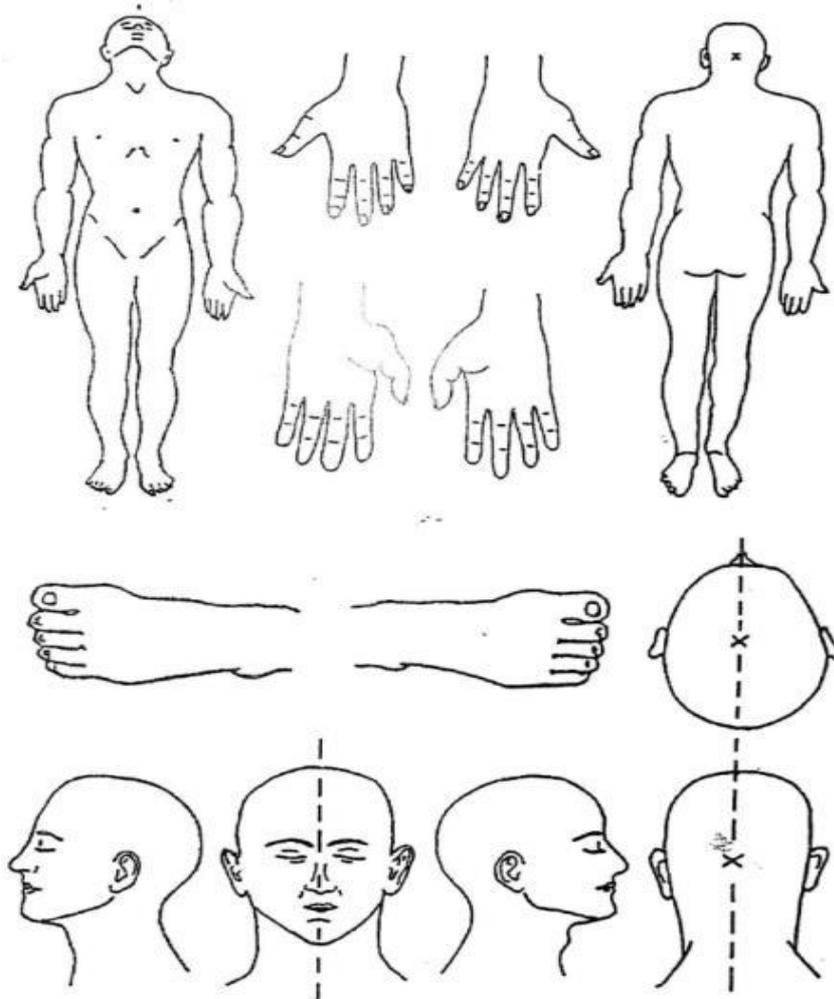


APPENDIX 2.

TANNER STAGE

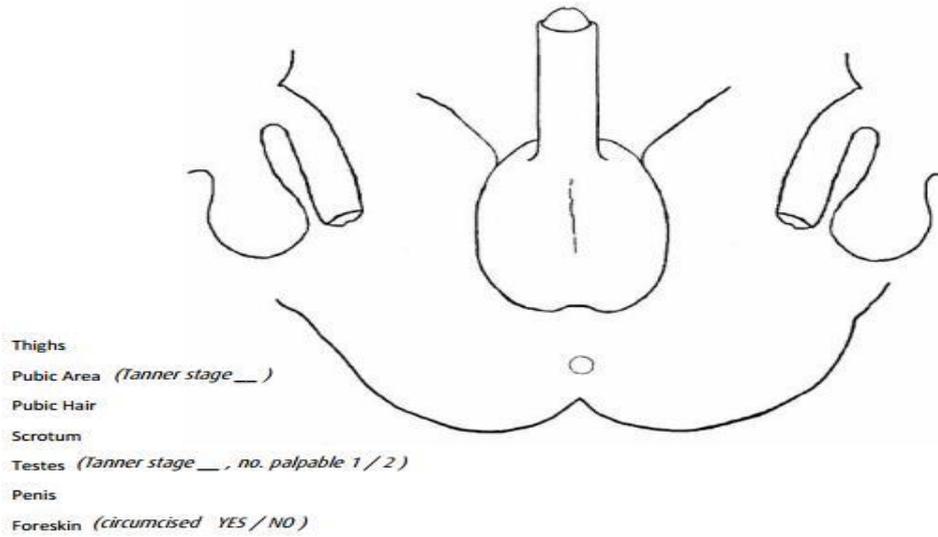


APPENDIX 3: ADULT MALE/FEMALE



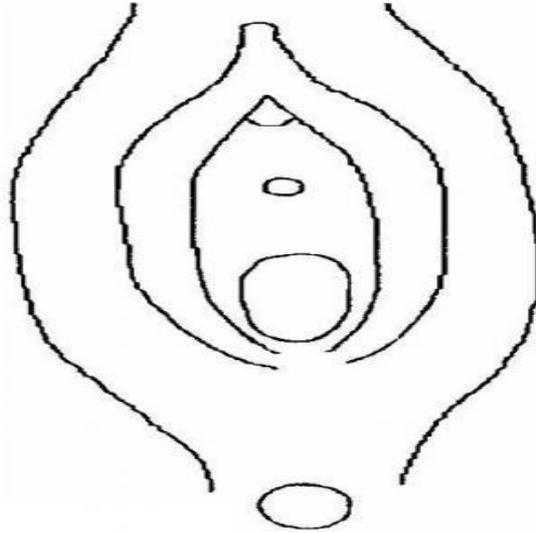
APPENDIX 4: GENITAL EXAMINATION

MALE GENITAL CHART



FEMALE GENITAL CHART

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