



THE REPUBLIC OF UGANDA

UGANDA POLICE

**MEDICAL EXAMINATION OF A VICTIM OF SEXUAL ASSAULT**

**PART (a)**

**REQUEST FOR MEDICAL EXAMINATION OF A VICTIM OF SEXUAL ASSAULT**

**(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 victim in a**.....**case and has been sent to you**  
**on the**.....**day of**.....**20**.....

**Please report your findings in Part (b) below. The duplicate should be kept at the health unit.**

**Name of Police officer:** ..... **Force No.**..... **Rank**.....

**Signature:** ..... **Telephone contact:** .....

**PART (b)**

**MEDICAL EXAMINATION REPORT OF A VICTIM OF SEXUAL ASSAULT**

**(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, registered midwife or a medical doctor*

**2) Particulars of the Victim**

Name-----  
Sex ----- Occupation----- Marital status -----  
Place of Residence-----

**3) State the apparent age based on your medical examination and briefly explain how the age was estimated -----**

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**4) History and Circumstances of the incident(s) as narrated to the practitioner-----**

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**Name of Narrator ----- Relationship to victim -----**

**5) General Examination (note the physical condition of the victim and the state of clothing where applicable)**

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**6) Mental Examination (include behaviour and emotional state)**

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

(a) Head and Neck (including the mouth) -----

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(b) Chest and Breast -----

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(c) Abdomen and Back-----

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SIGNATURE AND STAMP OF EXAMINING PRACTITIONER

-----  
DATE OF EXAMINATION

(d) Upper and lower limbs-----  
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(e) Genitals -----  
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(f) Buttocks and anus (where applicable) -----  
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**8) What is/are the probable cause(s) of the above injuries?**  
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**9) Material /samples for purposes of analysis/evidence (Indicate materials/samples taken for purposes of analysis/evidence)-----  
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**10) Other investigations e.g Ultra-sound scan and X-rays**  
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**NB: Report and attach the results of the investigations in 9) and 10) above if available.**

**11) State whether there is need for referral or review and the reasons thereof**  
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**12) State any other relevant observations-----  
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**Name of Examining Medical/Health practitioner -----**

**Title----- Qualifications -----**

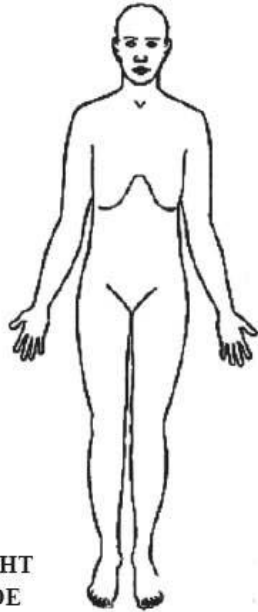
**Telephone contact and physical address -----**

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**SIGNATURE AND STAMP OF EXAMINING PRACTITIONER**

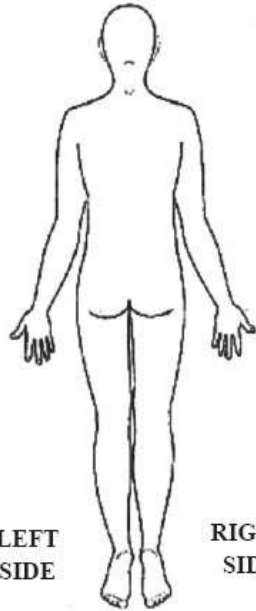
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**DATE OF EXAMINATION**

**PICTOGRAM FOR EXAMINATION OF A VICTIM OF SEXUAL ASSAULT**

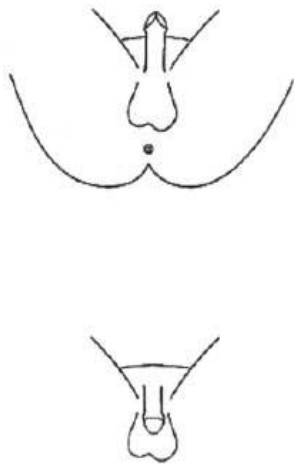
**FRONT OF A PERSON**



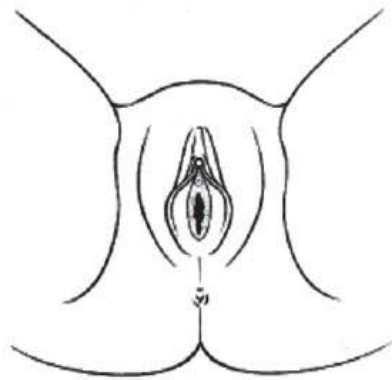
**BACK OF A PERSON**



**MALE ORGAN OF A PERSON**



**FEMALE ORGAN OF A PERSON**



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**SIGNATURE AND STAMP OF EXAMINING PRACTITIONER**

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**DATE OF EXAMINATION**