



THE REPUBLIC OF UGANDA

UGANDA POLICE

MEDICAL EXAMINATION OF AN INJURED PERSON

PART (a)

REQUEST FOR MEDICAL EXAMINATION OF AN INJURED PERSON

(To be filled by a Police Officer in duplicate)

TO: MEDICAL/HEALTH PRACTITIONER*

.....

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 AN INJURED PERSON

(To be filled by a Medical/Health practitioner in duplicate)

1) Place of Medical Examination-----

SIGNATURE AND STAMP OF EXAMINING PRACTITIONER

DATE OF EXAMINATION

** Medical/ Health practitioner means a clinical officer or a medical doctor*

2) Particulars of the Victim

Name-----Age -----Sex -----
Occupation-----
Place of work-----
Telephone contact -----

3) History and Circumstances of the incidents(s) as narrated to the practitioner

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

Physical Examination

4) General Examination (note the physical condition and the state of clothing where applicable) -----

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

Type of wound or injury	Part of the body on which injury is inflicted	Size of each injury

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6) How old are the above injuries -----

7) What kind of object(s) could have caused the above injury /injuries-----

8) Investigations carried out (specify the investigation, report and attach the results if available) -----

9) Classify the above injury/ies (as “Harm” or “Grievous Harm” or “Dangerous Harm” or “Maim”) based on the overall examination in (5) above using the notes at the bottom of this page.

10) State any other relevant observations-----

Name of Examining Medical/Health practitioner -----

Title----- Qualifications -----

Telephone contact and physical address -----

SIGNATURE AND STAMP OF EXAMINING PRACTITIONER

DATE OF EXAMINATION

Notes:

“Harm” means any body hurt, disease or disorder, whether permanent or temporary.

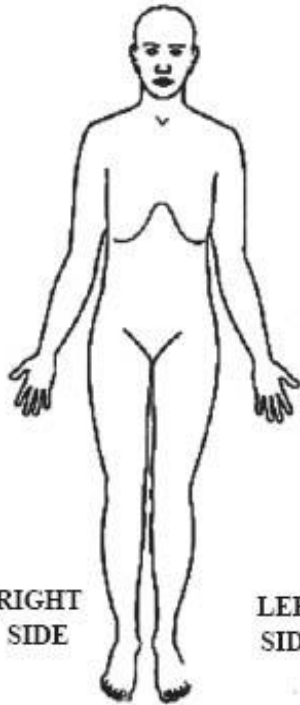
“Grievous harm” means any harm which amounts to a maim or dangerous harm, or seriously or permanently injures health, or causes permanent disfigurement or any permanent injury to any internal or external organ, membrane or sense.

“Dangerous Harm” means harm endangering life.

“Maim” means the destruction or permanent disabling of any external membrane or sense.

PICTOGRAM FOR EXAMINATION OF AN INJURED PERSON

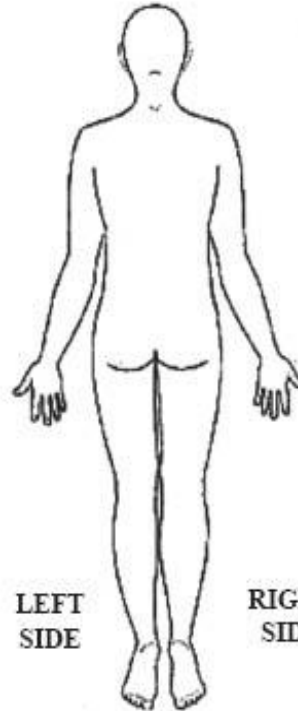
FRONT OF A PERSON



RIGHT
SIDE

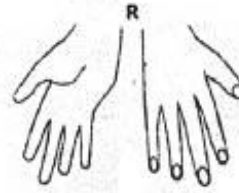
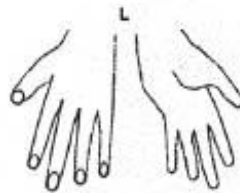
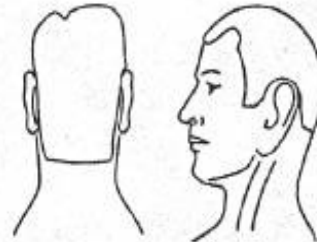
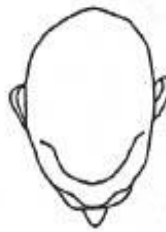
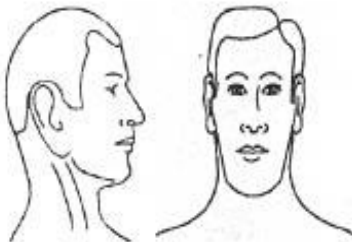
LEFT
SIDE

BACK OF A PERSON



LEFT
SIDE

RIGHT
SIDE



SIGNATURE AND STAMP OF EXAMINING PRACTITIONER

DATE OF EXAMINATION