

**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

Injury Report

M.L.C. No _____

Requisition from _____ of _____

Vide letter No. _____ Date _____

1. **Name of the individual:** _____

2. **Sex:**(Male/Female/Other) _____

3. **Age:** _____

4. **Father's or Guardian's name:** _____

5. **Address:** _____

6. **Brought and Identified by:** _____

7. **Name and address of the accompanying person:** _____

8. **Place of examination:** _____

9. **Date and time of examination:** _____

10. **Consent for examination:** I hereby give my full consent for medical examination and report after the matter is fully explained to me: _____

Signature/

Right/Left Thumb Impression of: _____

11. **In the case of minors consent of the guardian and his/her signature or thumb impression:** _____

Signature/

Right/Left Thumb Impression of: _____

12. **Name of the male/ female attendant/nurse present at the time of examination:** _____

13. **Identification Marks:**

i) _____

ii) _____

14. **History:**

15. DETAILED DESCRIPTION OF THE INJURY

Sl. No	Nature of injury	Size of each injury in centimeters	On what part of the body inflicted	Simple or grievous	By what weapon inflicted
Remarks:					

16. Opinion of the Medical Officer: -

Place: _____

Date: _____

Signature of M.O: _____

Name in full: _____

(BLOCK LETTERS)

Designation & Seal: