

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

MEDICO-LEGAL EXAMINATION OF ACCUSED OF SEXUAL VIOLENCE

MLC No: _____

Requisition from: _____ of _____

Vide Letter No: _____ Date: _____

1. Particulars of the alleged accused:

Name: _____

Sex (Male/Female/Other) _____ Age as stated: _____

Occupation: _____ Marital status: _____

Father/Guardian's Name: _____

Address: _____

2. Brought and identified by: _____

Signature

3. Place of Examination: _____

4. Date and Time of Examination: _____

5. 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: _____

6. In the case of minors, consent of the guardian and his/her signature or thumb

impression: _____

Signature/

Right/Left Thumb Impression of: _____

7. **Examined in presence of:** _____

Signature: _____

8. **Marks of Identification:**

i) _____

ii) _____

9. **Brief History:**

i) As given by Police: _____

ii) History as given by alleged accused:

a) History about the incidence as per the alleged accused statement:

b) Did the alleged accused know the victim before? _____

c) Any injury present on the body: _____

d) Any history of Sexually Transmitted Disease before: _____

e) Did the alleged accused take bath, wash etc. after the alleged incidence: _____

f) If the clothing is the same as worn at the time of incident: _____

g) Any other history: _____

10. Clothing Examination: [If same was worn during the incidence, note (if any) the presence of blood stains, semen, vaginal stain, hair, mud, grass, any tear etc.]

11. Physical Examination:

A. General Examination

Height:_____Weight:_____Built:_____B P: _____

Pulse:_____Mental Status: _____

B. Any Injury/ stain/ foreign body, etc on the body:

C. Genital Examination

i) Thigh

a) Seminal stain: _____

b) Blood: _____

c) Foreign hairs: _____

d) Injuries: _____

e) Any other: _____

ii) Pubic region

a) Matted pubic hair: _____

b) Loose pubic hair: _____

c) Injuries: _____

d) Any other: _____

iii) Penis

- a) Development stage: _____
- b) Defect/ Deformity: _____
- c) Circumcision: _____
- d) Glan penis: _____
- e) Frenulum: _____
- f) Smegma: _____
- g) Length and girth in flaccid condition: _____
- h) Length and girth in erect condition: _____
- i) Injuries on the shaft: _____
- j) Any other: _____

iv) Scrotum and testes

- a) Development stage: _____
- b) Both testes descended/ not: _____
- c) Disease: _____
- d) Injury: _____
- e) Any other: _____

D. Any Other finding (based on the type of sexual assault):

12. Evidence collection

i) Swabs

- a) Urethral swab: Yes No
 - b) Penile swab: Yes No
 - c) Buccal swab: Yes No
 - d) Swab from stain on other part of body: Yes No
If yes, please specify from which part of the body: _____
 - e) Any other: Yes No
If yes, please specify: _____
- _____
- _____
- _____
- _____

ii) Pubic hairs

a) Matted pubic hair: Yes No

b) Loose pubic hair: Yes No

c) Pubic hair (control): Yes No

iii) Blood

a) Blood in EDTA vial for DNA: Yes No

b) Blood in sodium fluoride vial for alcohol, etc: Yes No

c) Blood in plain vial for grouping: Yes No

d) Any other: Yes No

If yes, please specify: _____

iv) Nail

a) Scrapping: Yes No

b) Cutting: Yes No

v) Clothing: Yes No

If yes, please specify: _____

vi) Any other evidence collected: Yes No

If yes, please specify: _____

13. Opinion (On the basis of clinical examination. To be co-related with the laboratory investigation reports)

Place:

Date:

Signature:

**Full Name of MO:
(BLOCK LETTERS)**

Designation & Seal