

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

Examination of Drunkenness/ Intoxication

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. Examination:

- a) General behavior (calm, talkative, aggressive, etc): _____

- b) State of clothing (shabby, stained/ soiled by vomit, etc): _____

- c) Pulse: _____
- d) Temperature: _____ e) B.P: _____
- f) Respiration _____
- g) Memory: _____
- h) Mental alertness: _____
- i) Skin (dry/ moist): _____
- j) Smell of alcohol, if any: _____
- k) Speech (thick, slurred, over precise, etc): _____
- l) Mouth (state of tongue – dry, moist, bitten, coated): _____
- m) Eyes:
 - i) Lids (whether swollen): _____
 - ii) Conjunctiva (whether congested): _____
 - iii) Pupils: _____
 - iv) Nystagmus: _____
 - v) Visual acuity: _____
- n) Handwriting:
 - i) Time taken: _____
 - ii) Ability to keep letters in straight line: _____
 - iii) Repetition or omission of words, lines etc: _____
 - iv) Any other: _____

- o) Gait:
 - i) Manner of walking: _____
 - ii) Reaction time to direction to turn: _____
 - iii) Manner of turning: _____
 - iv) Any other: _____

- p) Romberg's Sign: _____

- q) Muscular Co-ordination:
 - i) Placing finger to nose: _____
 - ii) Finger to Finger: _____
 - iii) Buttoning unbuttoning of clothes: _____
 - iv) Picking up objects: _____
 - v) Any other: _____

- r) Reflexes: _____

16. Respiratory System: _____

17. Cardiovascular System: _____

18. Gastro-intestinal Tract: _____

19. Any Injury:

20. Laboratory investigations:

i) Blood: _____

ii) Urine: _____

iii) Any other: _____

21. Opinion: Based on the above findings, I am of the opinion that: -

i) The above person has not consumed alcohol.

ii) The above person has consumed alcohol but is not under its influence.

iii) The above person has consumed alcohol and is under its influence.

iv) Any other: _____

Place:

Date:

Signature:

Full Name of MO:

(BLOCK LETTERS)

Designation & Seal