

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

_____ PRIMARY HEALTH CENTER / COMMUNITY HEALTH CENTRE _____

MLC REPORT

(Injury/Drunkenness/Intoxication Report)

Informed Consent:

I.....

D/O, S/O.....

do hereby give my consent having understood the purpose and procedure of the examination to be carried out which have been explained to me and I have no objection for undergoing medical examination knowing that the result of my examination may go in my favor or against.

Witness/ Accompanying person

Signature of person and/
or Guardian in case of minor

Date & Time.....

I Dr.Senior Medical & Health Officer/

Medical & Health Officer _____ examined Shri/ Smt/ Miss
..... S/O, D/O, W/O.....

Age..... Sex..... Occupation.....

Address.....PS.....

District..... as per particulars given below:-

Date & Time of Arrival.....

Date & Time of Starting Examination.....

Date & Time of completion Examination.....

Place of Examination: Emergency Room/Dressing Room/Ward/OPD/LR.....

Police Requisition Number & Date (if brought by police).....

Police Intimated (if came direct) vide Police Intimation Number.....

Date.....Time.....

1) **Brought by Police official**.....No.....

PS.....District.....

2) Accompanied by: Name.....

Relation.....

Address.....

PS.....District.....

3) Name & Address of the female attendant (in case of female patient)

.....
.....

10). Identification marks of the person:

- i).....
- ii).....

11). Examination as per requisition by Police:

- i.
- ii.
- iii.
- iv.
- v.

12).Materials collected, preserved and handed over to police for chemical analysis:

- I)
- II)
- III)
- IV)
- V)

13. Gist of Incident as stated by the injured / accompanying person:

14. General Health Condition of the person: Conscious/
Unconscious BP.....mmHg, PR...../min, RR /min,
Temp... °F

15. Findings of Systemic Examination:

- Chest.....
- CVS.....
- Abdomen.....
- CNS.....
- Other findings.....

16. Examination for Injuries: Sustained/ Not Sustained:

If Sustained

Nature of injury: Whether Lacerated wound, Incised Wound, Bruise, Burn, Fracture or Dislocation etc.,	Size of each injury in centimeters that is length, breadth and depth	On what part of the body inflicted	Simple or grievous/ Pending Observation	Probable duration of injury	Kind of Weapon used: Sharp/Blunt /Firearm/ fir e

17). Treatment Initiated/given:

18).Disposal of the case:

Admitted
Discharge
Refer

If admitted:

IPD Registration No.....
Date.....Ward.....
Date & Time of
Discharge.....
.....

If Refer:

Date & time of
referral.....
Name of Higher Institution referred to.....

19). Examination for Drunkenness / Alcohol Intoxication:(Requested / Not Requested)

- A. History:**
 - 1) Relevant to consumption of alcohol.....
 - 2) Relevant to illness, if any.....
- B. Smell of alcohol in breath: Present/
Absent.....**
- C. General appearance and behavior:**
 - 1) Clothing: Decently dressed/Disordered/Soiled/Torn
 - 2) General Disposition: Calm/Talkative/Abusive/Aggressive
 - 3) Speech: Normal/ Thick & slurred/ Incoherent
- D. Eye:**
 - 1) Conjunctiva: Normal/congested
 - 2) Pupils: Normal/Dilated/Sluggishly reacting
- E. Higher Function:**
 - 1) Self- Control: Normal/Impaired
 - 2) Memory: Normal /Impaired
 - 3) Orientation to time & space: Normal/Impaired
 - 4) Reaction Time: Normal/Delayed
- F. Muscular Co-ordination:**
 - 1) Gait: Normal/Unsteady/ Unable to stand upright.
 - 2) Finger Nose test: Positive/Negative
 - 3) Romberg's Sign: Positive/Negative
- G. Smell of alcohol in Breath: Persisting/ Not Persisting**
- H. Special Examination:**
 - 1) Blood & Urine: Preserved/ Not Preserved
 - 2) Alco meter test: Print out of reading: available/not available.

Opinion on drunkenness/alcohol intoxication (Tick one of the following)

- 1. There is nothing on examination to suggest that the person has consumed alcohol.
- 2. The person examined has consumed alcohol, but is not under the influence of alcohol.
- 3. The person examined has consumed alcohol and is under the influence of alcohol.

20).Any other Examination as requested in the Police requisition:

21) .Over all Opinion of the Medical Officer who conducted the Examination:

Signature of the Examining Medical Officer

Name in Capital

Letter.....

Designation: Senior Medical & Health Officer/ Medical & Health Officer

Seal: