

प्रेषक,

अरविन्द नारायण मिश्र,
सचिव,
उ०प्र० शासन।

सेवा में,

महानिदेशक,
चिकित्सा एवं स्वास्थ्य सेवायें,
उ०प्र०, लखनऊ।

चिकित्सा अनुभाग-2

लखनऊ

दिनांक : ०६ मई, 2015

विषय:-महिला सम्मान कोष नियमावली के अन्तर्गत मेडिकोलीगल/फॉरेन्सिक परीक्षण एवं उपचार सम्बन्धी प्रोटोकाल/गाईडलाईन्स के सम्बन्ध में।

महोदया,

उपर्युक्त विषयक अपने पत्र संख्या-11फ/म०स०को०/2015/2074, दिनांक 01.04.2015 का कृपया सन्दर्भ ग्रहण करें, जिसके माध्यम से स्वास्थ्य मंत्रालय, भारत सरकार द्वारा जारी दिशा-निर्देशों के क्रम में निदेशक, विधि विज्ञान प्रयोगशाला, उत्तर प्रदेश द्वारा महिला सम्मान कोष नियमावली के अन्तर्गत जनपदों में एसिड अटैक एवं लैंगिक उत्पीड़ित मरीजों के मेडिकोलीगल/फॉरेन्सिक परीक्षण एवं उपचार सम्बन्धी प्रोटोकाल/गाईड लाईन्स तैयार कर उपलब्ध करायी गयी है।

2- उपरोक्त के सम्बन्ध में मुझे यह कहने का निदेश हुआ है कि लैंगिक उत्पीड़ित मरीजों के लिए "Medico Legal Examination Report Of Sexual Violence" एवं एसिड अटैक/जले हुए मरीजों के मेडिकोलीगल रिपोर्ट का विवरण अंकित किये जाने के प्रपत्र "Medico Legal Examination Form for Burn Injured Person" 'Burn Injury Form' जिसमें संबंधित उत्पीड़ित की रिपोर्ट उपचार करने वाले चिकित्सक द्वारा बिन्दुवार अंकित किये जाने का प्राविधान किया गया है। उक्त संदर्भित प्रपत्रों (छायाप्रति संलग्न) के सम्यक परीक्षणोंपरान्त शासन द्वारा यह निर्णय लिया गया है कि अपने स्तर से उत्तर प्रदेश राज्य के समस्त चिकित्सा विश्व विद्यालयों के शीर्ष प्रशासनिक अधिकारियों, चिकित्सा महाविद्यालयों के प्रधानाचार्यों, समस्त मण्डलीय अपर निदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, राजकीय चिकित्सालयों के प्रभारी अधिकारियों तथा मुख्य चिकित्सा अधिकारियों के माध्यम से राज्य के समस्त निजी चिकित्सालयों की जानकारी में ज्ञाते हुए, संलग्न प्रपत्र में उल्लिखित दिशा-निर्देशों का कड़ाई से अनुपालन सुनिश्चित कराया जाये। कृपया संलग्न प्रपत्र (प्रोफार्मा) एवं उल्लिखित दिशा-निर्देश को विभागीय वेबसाइट पर भी अपलोड कराने का कष्ट करें।

संलग्नक: मेडिकोलीगल प्रपत्र।

भवदीय,

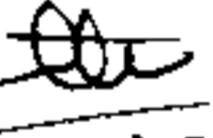
अरविन्द नारायण मिश्र
सचिव।

संख्या-1185(1)/सेक-2-पांच-15, तददिनांक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

- 1- प्रमुख सचिव, गृह विभाग, उत्तर प्रदेश शासन।
- 2- प्रमुख सचिव, चिकित्सा शिक्षा विभाग, उत्तर प्रदेश शासन।
- 3- प्रमुख सचिव, महिला कल्याण, उ०प्र० शासन।
- 4- महानिदेशक, चिकित्सा शिक्षा, जवाहर भवन, उ०प्र०, लखनऊ।
- 5- महानिदेशक, परिवार कल्याण, उ०प्र०, लखनऊ।
- 6- कुलपति, समस्त चिकित्सा विश्वविद्यालय, उत्तर प्रदेश।
- 7- समस्त मण्डलायुक्त, उत्तर प्रदेश।
- 7- निदेशक (प्रशासन), चिकित्सा एवं स्वास्थ्य सेवायें, उ०प्र०, लखनऊ।
- 8- निदेशक, विधि विज्ञान प्रयोगशाला, महानगर, उ०प्र०, लखनऊ।
- 9- समस्त जिलाधिकारी, उत्तर प्रदेश।
- 10- समस्त पुलिस अधीक्षक/वरिष्ठ पुलिस अधीक्षक, उत्तर प्रदेश।
- 11- समस्त मण्डलीय अपर निदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तर प्रदेश।
- 12- समस्त मुख्य चिकित्सा अधिकारी, उत्तर प्रदेश।
- 13- समस्त प्रधानाचार्य, चिकित्सा महाविद्यालय, उत्तर प्रदेश।
- 14- समस्त प्रमुख अधीक्षक/अधीक्षिका, मुख्य चिकित्सा अधीक्षक/अधीक्षिका, जिला पुरुष/संयुक्त/महिला चिकित्सालय, उत्तर प्रदेश।
- 15- गार्ड फाईल।

आज्ञा से,


(जी०सी० कठेरिया)
संयुक्त सचिव।

Medico legal Examination Report of Sexual Violence

- 1-Name of the Hospital..... MLC No..... Inpatient No.....
2-Name.D/o or S/o(where known)
3-Address.....
4-Age(as reported).....Date of Birth (if known).....
5-Sex(M/F/Others).....
6-Date and Time of arrival in the hospital.....
7-Date and Time of **COMMENCEMENT OF EXAMINATION**.....
8-Brought by(Name Signatures)
9-FIR/Crime No..... .Police Station.....
10-Whether conscious, oriented in time and place and person.....
11-Any physical/intellectual/psychosocial disability.....
(Interpreters or special educators will be needed where the survivor has special needs such as hearing/speech disability. Language Barriers, intellectual or psychosocial disability)
12-Informed Consent/refusal
ID/o or S/o

Hereby given my consent for:

- a) Medical examination for treatment Yes No
b) This medicolegal examination Yes No
c) Sample collection for clinical& forensic examination Yes No

I also understand that as per law the hospital is required to inform police and this has been explained to me.

I want the information to be revealed to the police Yes No

I have understood the purpose and the procedure of the examination including the risk and benefit, explained to me by the examining doctor. My right to refuse the examination at any stage and the consequence of such refusal, including that my medical treatment will not be affected by my refusal, has also been explained and may be recorded. Content of the above have been explained to me in.....

Language with the help of a special educator, Interpreter/ support person (circle as appropriate).....

If special educator/interpreter/support person has helped, then his/her name and signature.....

Name & signature of survivor or Parent / Guardian / person in whom the child reposes trust in case of child (< 12 yrs)

With date, time & place

Name & signature / thumb impression of Witness

With date, time & place

13. Marks of identification (Any scar / mole)

(1)-----
(2)-----



Right Thumb impression

14. Relevant Medical/Surgical history

| | | | |
|---|-----|----------------------------|-------------------|
| Onset of menarche (in case of girls) | Yes | No | Age of onset..... |
| Menstrual history – Cycle length and duration | | Last menstrual period..... | |
| Menstruation at the time of incident -Yes / No , Menstruation at the time of examination - Yes / No | | | |
| Was the survivor pregnant at time of incident - Yes/No, If yes duration of pregnancy | | | |
|weeks | | | |
| Contraception use: Yes / No..... If yes – method used:..... | | | |
| Vaccination status – Tetanus (vaccinated / not vaccinated), Hepatitis B (vaccinated / not vaccinated) | | | |

15 D.

- i. Any H/O drug/alcohol intoxication:.....
- ii. Whether sleeping or unconscious at the time of the incident:

15 E. If survivor has left any marks of injury on assailant/s, enter details:

15 F. Details regarding sexual violence:

Was penetration by penis, fingers or object or other body parts (Write Y=Yes, N=No, DNK=Don't know) Mention and describe body part/s and/or object/s used for penetration.

| Orifice of Victim | Penetration | | | Emission of Semen | | |
|-----------------------------------|-------------|--|-----------|-------------------|----|------------|
| | By Penis | By body part of self or assailant or third party (finger, tongue or any other) | By Object | Yes | No | Don't know |
| Genitalia (Vagina and/or urethra) | | | | | | |
| Anus | | | | | | |
| Mouth | | | | | | |

| | | | |
|---|---|---|------------------|
| Oral sex performed by assailant on survivor | Y | N | DNK |
| Forced Masturbation of self by survivor | Y | N | DNK |
| Masturbation of Assailant by Survivor, Forced Manipulation of genitals of assailant by survivor | Y | N | DNK |
| Exhibitionism (perpetrator displaying genitals) | Y | N | DNK |
| Did ejaculation occur outside body orifice(vagina/anus/mouth/urethra)? | Y | N | DNK |
| If yes, describe where on the body | | | |
| Kissing, licking or sucking any part of survivor's body | Y | N | If yes, describe |
| Touching/Fondling | Y | N | If yes, describe |
| Condom used* | Y | N | DNK |
| If yes status of condom | Y | N | DNK |
| Lubricant used* | Y | N | DNK |
| If yes, describe kind of lubricant used | | | |
| If object used, describe object: | | | |
| Any other forms of sexual violence | | | |

*Explain what condom and lubricant is to the survivor

| Post incident has the survivor | Yes/No/Do Not know | Remarks |
|---|--------------------|---------|
| Changed clothes | | |
| Changed undergarments | | |
| Cleaned/washed clothes | | |
| Cleaned/washed undergarments | | |
| Bathed | | |
| Douched | | |
| Passed urine | | |
| Passed stools | | |
| Rinsing of mouth/Brushing/ Vomiting(Circle any or all as appropriate) | | |

Time since incident.....

H/o vaginal/anal/oral bleeding/discharge prior to the incident of sexual violence.....

H/o vaginal/anal/oral bleeding/discharge since the incident of sexual violence.....

H/o painful urination/ painful defecation/ fissures abdominal pain/pain in genitals or any other part since the incident of sexual violence.....

16. General Physical Examination-

- i. Is this the first examination.....
- ii. Pulse..... BP.....
- iii. Temp..... Resp. Rate.....
- iv. Pupils.....
- v. Any observation in terms of general physical wellbeing of the survivor.....

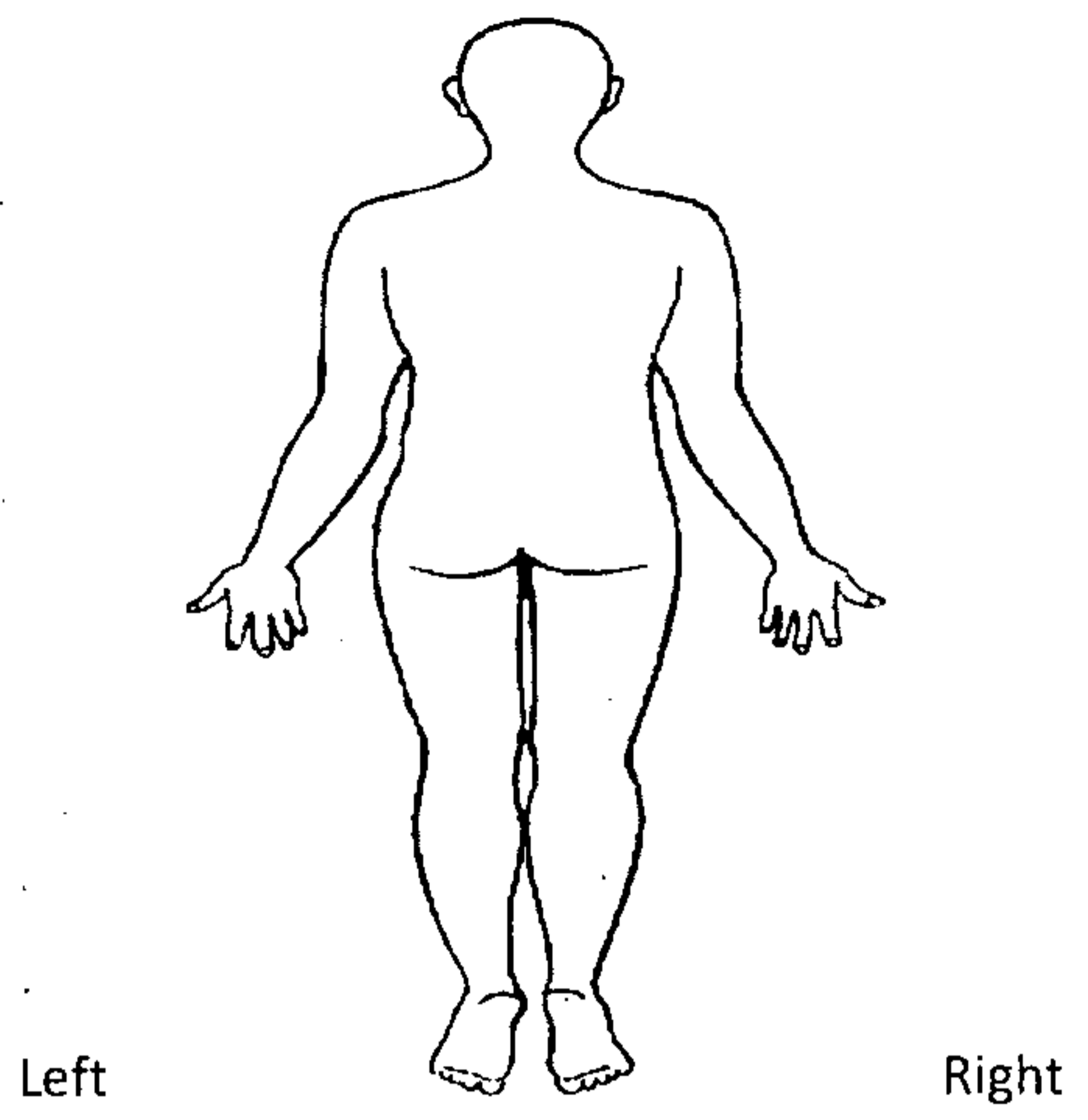
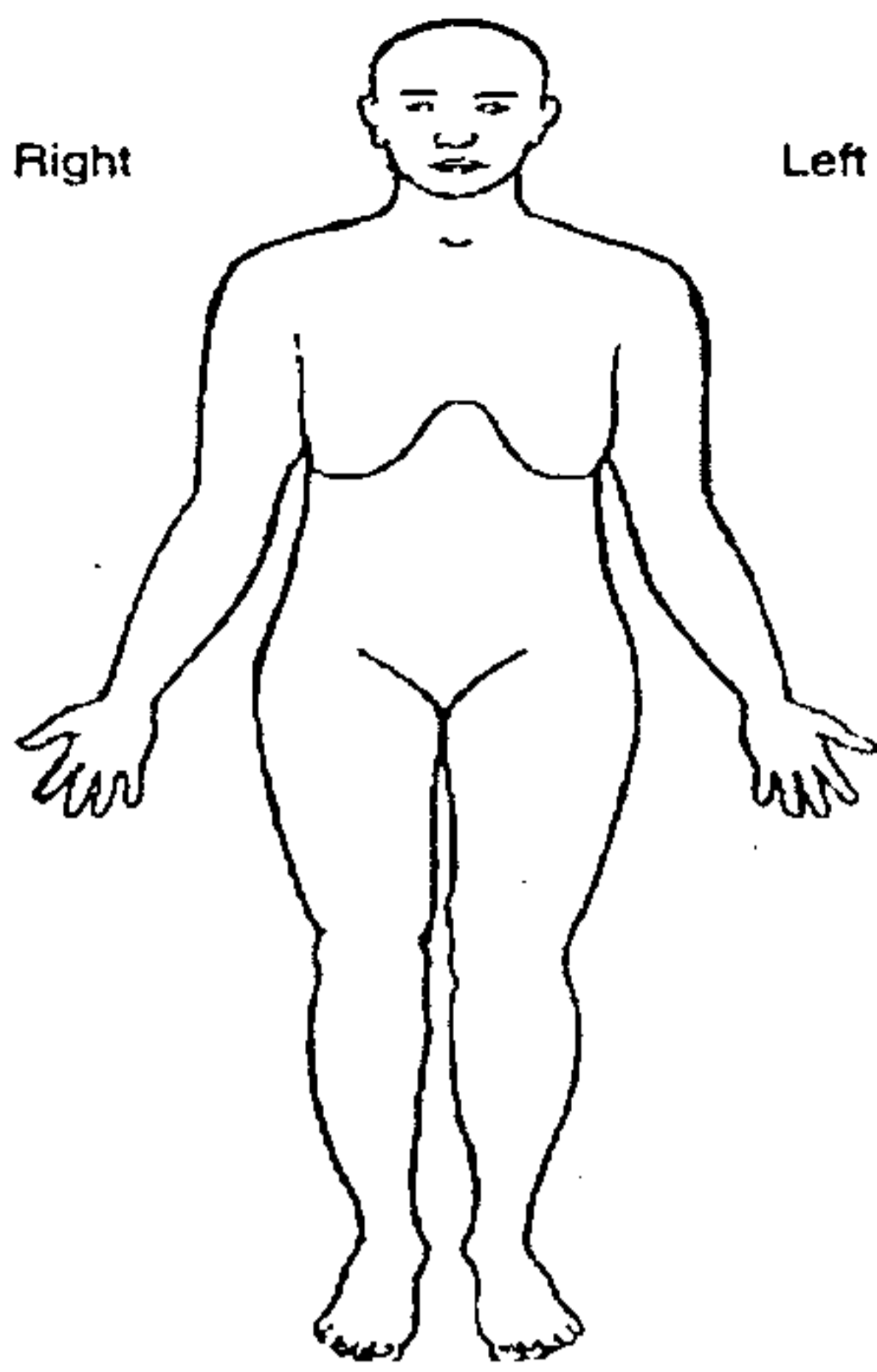
17. Examination for injuries on the body if any

The pattern of injuries sustained during an incident of sexual violence may show considerable variation. This may range from complete absence of injuries (more frequently) to grievous injuries (very rare).

(Look for bruises, physical torture injuries, nail abrasions, teeth bite marks, cuts, lacerations, fracture, tenderness, any other injury, boils, lesions, discharge specially on the scalp, face, neck, shoulders, breast, wrists, forearms, medial aspect of upper arms, thighs and buttocks)

Note the Injury type, site, size, shape, colour, swelling signs of healing simple/grievous, dimensions.)

| | |
|--|--|
| Scalp examination for areas of tenderness(if hair pulled out/ dragged by hair) | |
| Facial bone injury: orbital blackening, tenderness | |
| Petechial haemorrhage in eyes and other places | |
| Lips and Buccal Mucosa / Gums | |
| Behind the ears | |
| Ear drum | |
| Neck, Shoulders and Breast | |
| Upper limb | |
| Inner aspect of upper arms | |
| Inner aspect of thighs | |
| Lower limb | |
| Buttocks | |
| Other, please specify | |



18. Local examination of genital parts/other orifices*:

A. External Genitalia: Record findings and state NA where not applicable.

| Body parts to be examined | Findings |
|-----------------------------|----------|
| Urethral meatus & vestibule | |
| Labia majora | |
| Labia minora | |
| Fourchette & Introitus | |
| Hymen | |
| Perineum | |
| External Urethral Meatus | |
| Penis | |
| Scrotum | |
| Testes | |
| Clitoropenis | |
| Labioscrotum | |
| Any Other | |

*Per/Vaginum /Per Speculum examination should not be done unless required for detection of injuries or for medical treatment.

P/S findings if performed

P/V findings if performed

Record reasons if P/V or P/S examination performed

C. Anus and Rectum (encircle the relevant)

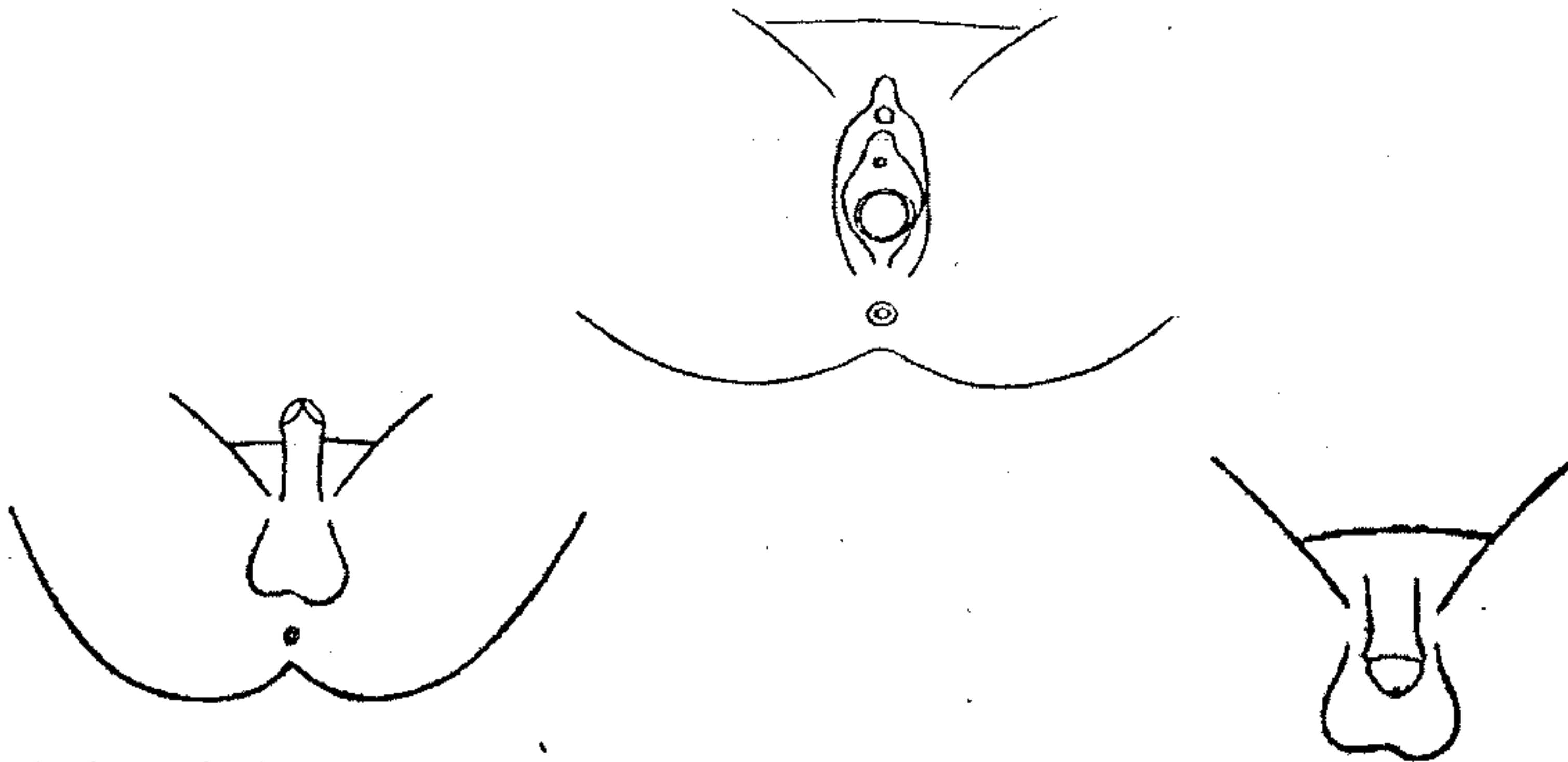
Bleeding/ tear/ discharge/ oedema/ tenderness

D. Oral Cavity - (encircle the relevant)

Bleeding/ discharge/ tear/oedema/ tenderness

Right

Left



19. Systemic examination: .

- 1) Central Nervous System:
- 2) Cardio Vascular System:
- 3) Respiratory System:
- 4) Chest:
- 5) Abdomen:

20. Sample collection/investigations for hospital laboratory/ Clinical laboratory

- 1) Blood for HIV, VDRL, HbsAg
- 2) Urine test for Pregnancy/
- 3) Ultrasound for pregnancy/internal injury
- 4) X-ray for (Age determination ,injury assessment and clinical requirement if any)

21. Samples Collection for Central/ State Forensic Science Laboratory

- 1) Debris collection paper
- 2) Clothing evidence where available – (to be packed in separate paper bags after air drying)

List and Details of clothing worn by the survivor at time of incident of sexual violence

3) Body evidence samples as appropriate (duly labeled and packed separately)

| | Collected/Not Collected | Reason for not collecting |
|--|-------------------------|---------------------------|
| Swabs from Stains on the body (blood, semen, foreign material, others) | | |
| Scalp hair (10-15 strands) | | |
| Head hair combing | | |
| Nail scrapings (both hands separately) | | |
| Nail clippings (both hands separately) | | |
| Oral swab | | |
| Blood for grouping, testing drug/alcohol intoxication (plain vial) | | |
| Blood for alcohol levels(Sodium fluoride vial) | | |
| Blood for DNA analysis(EDTA vial) | | |
| Urine (drug testing) | | |
| Any other (tampon/sanitary napkin/condom/object) | | |

4) Genital and Anal evidence (Each sample to be packed, sealed, and labeled separately-to be placed in a bag)

* Swab sticks for collecting samples should be moistened with distilled water provided.

| | Collected/Not Collected | Reason for not collecting |
|---|-------------------------|---------------------------|
| Matted pubic hair | | |
| Pubic hair combing (mention if shaved) | | |
| Cutting of pubic hair (mention if shaved) | | |
| Two Vulval swabs (for semen examination and DNA testing) | | |
| Two Vaginal swabs (for semen examination and DNA testing) | | |
| Two Anal swabs (for semen examination and DNA testing) | | |
| Vaginal smear (air-dried) for semen examination | | |
| Vaginal washing | | |
| Urethral swab | | |
| Swab from glans of penis/ clitoropenis | | |

*Samples to be preserved as directed till handed over to police along with duly attested sample seal

22. Date and time of completion of examination
 This report contains number of sheets and
 number of envelopes.

23. Provisional / Primary Medical Opinion

Supplementary report follow after receiving the investigation report

Signature of Examining Doctor
 Name of Examining Doctor (In capital Letters)
 Designation
 Seal

Place:

24. List of Forensic samples handed over to IO / Mahila Constable

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Signature
IO / Mahila Constable
ID/ CP no.
Designation, Police Station
District
Date / Time

Supplimentary Medico Legal Report

Proforma Part- A

| | |
|-----------------------------------|--|
| Name | |
| D/S/W/O | |
| R/O | |
| Police Station | |
| District | |
| Medicolegal examination Date/Time | |
| Pathology Report | |
| Radiological Report | |

Final opinion

Enclosures

Date/Place/Time

Signature

Name of Medical Officer

(Capital Letters) Designation

Seal

Counter signed

Name of SMO

(Capital Letters) Designation

Seal

In the case of minor and/or SC/ST report should be counter signed by senior medical officer/CMS.

Secondary Supplementary Medicolegal Report

Name

D/W/O

R/O

PS

Dist.

Medicolegal Examination Date/Time

Supplimentary Report Date/Time

Report from FSL

Final opinion

Enclosures

Date/Place/Time

Signature

Name of Medical Officer

(Capital Letters) Designation

Seal

Medico legal Examination Form for Burn Injured person

Burn Injury Form

Serial No..... FIR No.
Date of Examination..... Time of Examination.....
Name
Age..... Sex
D/S/W/O
Address
Identification marks 1-
2-
Brought By
Consent (If necessary)
History and alleged cause of Injury

History given by Injured/ accompanying person

Name of the accompanying person

Relation with Injured

General Physical Examination

- Is this the first examination
- Pulse..... B.P.
- Temp..... Resp. Rate.....
- Pupils.....
- Any observation in terms of general physical wellbeing of the survivor

.....

Details of Injuries

Number of additional sheets if any

Percentage of Burn

| Part | Percentage |
|-----------------|------------|
| Anterior Head | |
| Posterior Head | |
| Anterior Torso | |
| Posterior Torso | |
| Right Arm | |
| Left Arm | |
| Right Leg | |
| Left Leg | |
| Perineum | |
| Total | |

Whether admitted or not: Admitted/ Observation/ Outpatient/ Expired in casualty/ Referred.

Opinion: Could be/ could not be as alleged

Type of Burn: Thermal/Corrosive

Nature

Duration

Refer for any test

Refer for further specialist opinion
Information to concern Police Station
Date and Time of completion of Examination
Date.....
Place.....

Signature
Name (Capital letters).....
Disignation (Capital letters).....
Seal.....