

FORM OF MEDICAL EXAMINATION OF WOUNDED PERSONS

21

(Rule 212)

F. I. R. No. _____ of _____
Station Diary entry _____ of _____

To _____ No _____, dated _____

THE CIVIL SURGEON, _____ DISTRICT _____
MEDICAL OFFICER-IN-CHARGE, _____ HOSPITAL _____

Sir, _____

I have the honour to request the favour of your examining _____, son of _____, resident of _____ sent to the hospital on _____ after satisfying yourself that ^{he}/_{She} consents to examination. The question (s) and answer (s) on the point may kindly be certified at the place provided on the back of the form.

The columns of the form should be filled in and the form returned in duplicate with such remarks you consider necessary to show clearly your opinion of the cause of the injuries.

Should there be any fear of the case terminating fatally or should unfavourable symptoms develop at any time, immediate information should be given to the Court Sub-Inspector and to me so that steps may be taken to have the dying declaration recorded by Magistrate.

All that is known of the case at present is as follows :-

Yours faithfully

Police-Station

Sub-Inspector of Police

To

The SUB-INSPECTOR OF POLICE

POLICE-STATION

SIR,

I have the honour to forward herewith the result of my examination of _____
son of _____, resident of _____

Nature of injury, i.e., whether a cut, a bruise or a burn, etc.	Size of each injury in inches, i. e. length, breadth, and depth	On what part of the body inflicted	Whether "simple" or "grievous"	By what kind of weapon inflicted	REMARKS
1	2	3	4	5	6

I CERTIFY that the said _____ was asked
the question (s) noted below and gave the answer (s) recorded -
Question asked :-
Reply given :-

Yours faithfully

Date _____ 20

Designation _____