

ROYAL GOVERNMENT OF BHUTAN NAME OF HCC DZONGKHAG

MEDICO-LEGAL REPORT FOR SEXUAL VIOLENCE
REGISTRATION DETAILS
1.Name of Health Centre:
2.Registration number:
3.Date and time of examination:
4.Name of the Police station and Ref. No:
PATIENT DETAILS
1.Name:
2.CID No/other document:
3.Age/sex:
4.Present address:
5.Permanent address:
6.Contact Number:
BRIEF HISTORY GIVEN BY THE VICTIM
RELEVANT GENERAL EXAMINATION FINDINGS
RELEVANT GENERAL EXAMINATION FINDINGS
RELEVANT MENTAL STATE EXAMINATION FINDINGS
RELEVANT WENTAL STATE EXAMINATION FINDINGS
DETAILS OF EXTRA-GENITAL INJURIES (IF ANY)



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GENITAL EXAMINATION FINDINGS
DELEVANT INVESTIGATION EINDINGS (DOTH MEDICAL AND EODENSIS)
RELEVANT INVESTIGATION FINDINGS (BOTH MEDICAL AND FORENSIC)
EXPERT REFERRAL FINDINGS (IF ANY)
MEDICAL DIAGNOSIS AND TREATMENT (IF ANY)
MEDICO LECAL ODINIONG/CONCLUCIONG
MEDICO-LEGAL OPINIONS/CONCLUSIONS
1. Positive evidence of recent vaginal intercourse:
a.Recent hymenal/vaginal injuries Yes No
b.Sperm cells/Acid Phosphatase in vaginal fluid Yes No



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2. Positive evidence of recent anal intercourse:
a.Sperm cells/Acid Phosphatase in anal fluid: Yes No
b.Other positive evidence of genital contacts: Yes No
If yes, please specify:
2 ANY OTHER RELEVANT ORBITON
3. ANY OTHER RELEVANT OPINION:
Submitted by: Signature and date: Name: Designation: