POLICE FORM 3A

THE REPUBLIC OF UGANDA

UGANDA POLICE

MEDICAL EXAMINATION OF A VICTIM OF SEXUAL ASSAULT

PART (a)

REQUEST FOR MEDICAL EXAMINATION OF A VICTIM OF SEXUAL ASSAULT
(To be filled by a Police Officer in duplicate)

TO: MEDICAL/HEALTH PRACTITIONER*

……

Police Unit: ……

Police Case No: …….

Please examine…….

Who is victim in a……...case and has been sent to you on the……day of…….20…….

Please report your findings in Part (b) below. The duplicate should be kept at the health unit.

Name of Police officer: …… Force No.…… Rank……....

Signature: ……Telephone contact: …….

PART (b)

MEDICAL EXAMINATION REPORT OF A VICTIM OF SEXUAL ASSAULT
(To be filled by a Medical/Health practitioner in duplicate)

1) Place of Medical Examination----------

---------- ----------

SIGNATURE AND STAMP OF EXAMINING PRACTITIONER DATE OF EXAMINATION

***** *Medical/Health practitioner means a clinical officer, registered midwife or a medical doctor*

2) Particulars of the Victim

Name----------

Sex ------ Occupation---------- Marital status ----------

Place of Residence----------

3) State the apparent age based on your medical examination and briefly explain how the age was estimated ----------

---

4) History and Circumstances of the incident(s) as narrated to the practitioner----------

---

Name of Narrator ---------- **Relationship to victim** ----------

5) General Examination (note the physical condition of the victim and the state of clothing where applicable)

---

6) Mental Examination (include behaviour and emotional state)

---

7) Examination of the regions of the body. (Carefully document the nature, number, position, age and dimensions of all injuries and show them on the pictogram on page 4)

(a) Head and Neck (including the mouth) ----------

(b) Chest and Breast ---------- ----------

(c) Abdomen and Back----------

---------- ----------

SIGNATURE AND STAMP OF EXAMINING PRACTITIONER **DATE OF EXAMINATION**

(d) Upper and lower limbs----------

(e) Genitals ----------

(f) Buttocks and anus (where applicable) ----------
---

8) What is/are the probable cause(s) of the above injuries?

---

9) Material /samples for purposes of analysis/evidence (Indicate materials/samples taken for purposes of analysis/evidence)----------
---
---

10) Other investigations e.g Ultra-sound scan and X-rays

NB: Report and attach the results of the investigations in 9) and 10) above if available.

11) State whether there is need for referral or review and the reasons thereof

---
---

12) State any other relevant observations----------

Name of Examining Medical/Health practitioner ----------

Title---------- **Qualifications** ----------

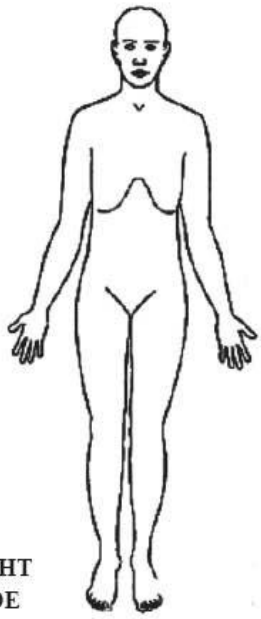
Telephone contact and physical address ----------

---------- ----------

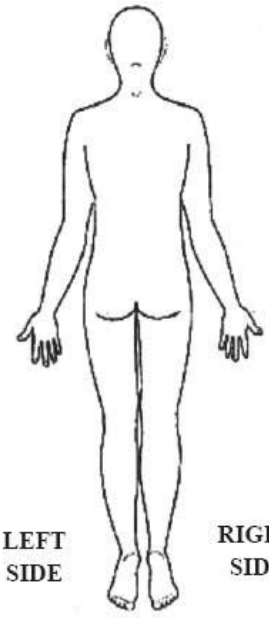
SIGNATURE AND STAMP OF EXAMINING PRACTITIONER **DATE OF EXAMINATION**

PICTOGRAM FOR EXAMINATION OF A VICTIM OF SEXUAL ASSAULT

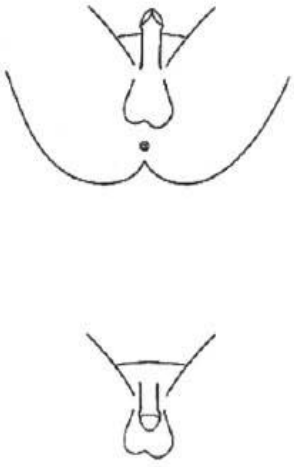
FRONT OF A PERSON



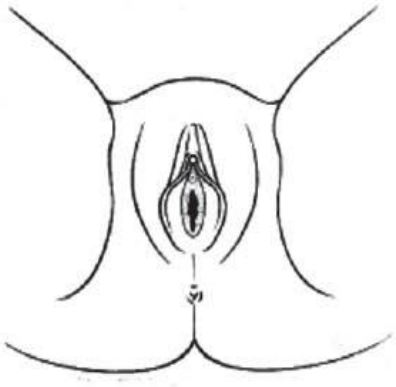
BACK OF A PERSON



MALE ORGAN OF A PERSON



FEMALE ORGAN OF A PERSON



SIGNATURE AND STAMP OF EXAMINING PRACTITIONER

DATE OF EXAMINATION