

INJURY REPORT

REQUESTION FROM _____
VIDE HIS LETTER NO _____ DATED _____

THE PERSON WAS SEEN BY THE UNDERSIGNED AT _____ ON THE
_____ AND THE EXAMINATION WAS COMMENCED AT _____ ON THE
_____ WHEN THE FOLLOWING WERE FOUND:

I. PRELIMINARY DATA

1. NAME OF THE INDIVIDUAL _____
 2. PARENT'S NAME _____
 3. ADDRESS _____
 4. AGE AS ALLEGED BY PERSON _____
 5. SEX _____
 6. OCCUPATION _____
 7. MARRITAL STATUS _____
 8. MARKS OF IDENTIFICATION 1 _____
AND 2 _____
 9. BROUGHT BY _____
 10. CONSENT OF INDIVIDUAL FOR EXAMINATION

 11. SIG/ THUMB IMPRESSION OF INDIVIDUAL CONSENTIG
 12. IN CASE OF MINOR, CONSENT OF THE GUARDIAN AND HIS / HER SIGN/ THUMB /
IMPRESSION _____
 13. NAME AND ADDRESS OF THE ATTENDENT/NURSE PRESENT AT THE TIME OF
EXAMINATION _____
 14. HISTORY _____
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II. PHYSICAL EXAMINATION

1. GENERAL APPEARANCE _____
2. EXAMINATION OF CLOTHES FOR
 - a) TEARS _____
 - b) STAINS OF BLOOD _____
 - c) FOREIGN MATERIAL _____
3. SYSTEMIC EXAMINATION
 - a) PULSE _____
 - b) B.P. _____
 - c) C.V.S. _____
 - d) RESPIRATORY SYSTEM _____
 - e) C.N.S. _____

III. OPINION

REF.

FROM THE PHYSICAL, DENTAL AND RADIOLOGICAL EXAMINATION OF _____ BEARING THE IDENTIFICATION MARK 1 _____ AND 2 _____ I AM OF THE OPINION THAT THE INDIVIDUAL IS AGED ABOUT _____ AND INJURIES AT S.NO _____ ARE _____ IN NATURE CAUSED BY _____

SEAL AND SIG. OF M.O.

STATION _____

DESIGNATION _____

DATED _____

REGISTRATION NO. _____

4. DESCRIPTION OF INJURIES:

S.No	Nature of injuries (bruise, abrasions, wound, burn, fracture, dislocation)	Size, shape, direction of each injury	On what part of body inflicted	Whether simple, grievous, dangerous	By what kind of weapon inflicted	Whether weapon was dangerous or not	Age of each injury	Remarks

Opinion

Injuries at S. No. _____ are _____ in nature caused by _____

SEAL AND SIG. OF M.O.

Name _____

STATION _____

DESIGNATION _____

DATED _____

REGISTRATION NO. _____