

MEDICO-LEGAL CASE REGISTER FORMAT

| Serial No. | Month | Date | Name of Survivor | Address | Age (As reported) | Sex (F/M/Others) | Brought By | MLC No. | Police Station (Where case registered) | MLC registered under Section of POCSO /PC/ Any other | Name of examining Doctor | Date & time of arrival in hospital | Date & time of commencement of examination | Date & time of completion of examination | Date of handing over forensic evidence to Police | Date of receipt of laboratory report from Hospital | Date of receipt of forensic evidence report from FSL | Date of handing over final medico-legal examining report to Police | Date of handing over final medico-legal examination report to survivor or parents / guardian, in case survivor is minor | Date of intimation to Police, in case of referral/discharge/ LAMA/death of survivor | In case of referral, name of referral health institution | Signature of examining Doctor |
|------------|-------|------|------------------|---------|-------------------|------------------|------------|---------|---|--|--------------------------|---------------------------------------|--|---|---|---|---|--|---|---|---|-------------------------------|
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Signature of Head of the Health Institution

Name:

Date:

Note: At the end of every month the administrative head of the health institution is to verify the Medico-Legal Register i.e. Superintendent of the MCH/Capital Hospital BBSR/RGH, RKL, ADMO(Medical) of DHH, SDMO of SDH, MO(I/C) of CHC.

Reporting Format of Medico-Legal Cases for Health Institutions

(All MCH/DHH/SDH/CHC shall submit monthly report to the Superintendent/CDMO by the 5th of every month.
Compiled report of Medico- Legal Cases shall be forwarded by the Superintendent / CDMO to the
Director, Family Welfare by the 10th of every quarter)

State:.....District:.....

Reporting Period:.....Date:.....

Name of the health institution:.....

| Srl. No. | Items | Total | | |
|----------|--|-----------------|---------------|-------------------|
| 1 | No. of MLC cases | | | |
| 2 | Sex | | | |
| a. | Male | | | |
| b. | Female | | | |
| c. | Others | | | |
| 3 | Age | | | |
| a. | Below 18 | | | |
| b. | 18-35 | | | |
| c. | 36-60 | | | |
| d. | Above 60 | | | |
| 4 | Cases Booked | | | |
| a. | Under POCSO | | | |
| b. | Under IPC | | | |
| c. | Others | | | |
| 5 | Outcome | | | |
| a. | Discharge | | | |
| b. | Referral | | | |
| c. | Left against medical advise (LAMA) | | | |
| d. | Death | | | |
| 6 | Human Resource | Sanctioned | In Place | |
| a. | Medical Officer | | | |
| b. | Staff N | | | |
| 7 | Human Resource Trained | MO | SN | |
| a. | GBV | | | |
| b. | Child Sexual Abuse | | | |
| c. | Guidelines /Protocols of Sexual Violence | | | |
| 8 | SAFE Kit | Opening Balance | SAFE Kit Used | Remaining Balance |
| a. | | | | |

Note: Hospital Managers at the MCH/DHH/SDH and the MO (I/C) at the CHC are responsible for monthly /quarterly reporting, as applicable.

Remarks:

Signature

Name & Designation

Date