

TEL. NOS:.....

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SECTION A: GENERAL MEDICAL FORM

POKUSA.....POLICE STATION
 GREATER ACCRA.....REGION
 GA-WEST.....DISTRICT
 3RD FEBRUARY.....DATE

THE MEDICAL OFFICER.....ANY GOV'T HOSPITAL.....

WILL YOU PLEASE EXAMINE AND REPORT IN THE CASE OF.....PAA.....

.....KWAKU.....OF.....ATWASO.....

DATE OF BIRTH:.....AGE:.....☒ MALE.....☐ FEMALE

WHO COMPLAINS THAT HE/SHE WAS.....ASSAULTED.....



SIGNATURE.....*[Signature]*.....

[Signature].....OF POLICE
 STAMP

DATE AND TIME OF ALLEGED INCIDENT:.....DATE:.....TIME:.....

DATE AND TIME OF HOSPITAL EXAMINATION:.....DATE:.....TIME:.....

RETURNED TO POLICE STATION:.....ON.....