

अनुसूची- १४

(नियम २४ को उपनियम (१) को खण्ड (ग) सँग सम्बन्धित)

मादक पदार्थ सेवन जाँच सम्बन्धी शारीरिक परीक्षण प्रतिवेदनको ढाँचा

**REPORT OF DRUNKENNESS EXAMINATION**

(Including cases of drug intoxication)

1. Case Registration No.:
2. Name of the Office referred for examination (with letter reference No. and Date)
3. Name of the accompanying Police Personnel:

**DETAIL ABOUT THE EXAMINEE**

1. Name of the Examinee :
2. Age and sex .....
3. Address:...
4. Identification marks (Huliya): ...
5. Brought by and identified by:
6. Date and time of examination:
7. Examination place:
8. Examinee restrained on arrival: yes / no;
9. Expressed consent for examination:
10. Persons present during examination (Name and position):
11. Brief history of the case (In the language of examinee if possible including the habit of the examinee; regular drinker/casual drinker/non drinker):
12. Any medicine or recreational drugs taken?:
13. Past medical history:

**EXAMINATION AND FINDINGS General physique and vitals**

- |                |                         |                      |
|----------------|-------------------------|----------------------|
| 1. Height:     | 2. Weight:              | 3. Blood pressure:   |
| 4. Pulse rate: | 5. Breathe (any smell): | 6. Respiration rate: |

7. Gait:

8. Stance:

9. Speech:

10. Consciousness:

11. Orientation to time, place and person:

12. Reflexes:

13. Visual acuity:

14. Muscles coordination tests:

- Finger to finger test: can /cannot perform/performs with difficulty.
- Finger nose test: can/cannot perform/performs with difficulty.
- Buttoning/unbuttoning cloth: can/cannot perform/performs with difficulty.
- Picking small objects from surfaces: can/cannot perform/performs with difficulty.
- Walking on straight line: can/cannot walk.
- Writing: normally in straight line/incoherent.

15. Condition of the clothes (Any stains, tears, scratches, buttons off etc):

16. Injuries; if any (Nature, site, size of injuries):

17. Mental state assessment: Mentally alert or not? Whether s/he needs mental state examination?

18. Blood analysis for alcohol level (5ml from vein in NaF preservative): Yes /no

19. Urine for alcohol: yes/no

**(Report of laboratory analysis): To be added after test completed**

20. Acute health needs found:

21. Treatment provided:

22. Referral; if necessary (where and why?):

**OPINION:** (Mark any one of the following)

- i. The examinee has not consumed alcohol
- ii. The examinee has consumed alcohol but not under influences of
- it. iii. The examinee has consumed alcohol and under influences of it.

iv. The examinee needs treatment in hospital for intoxication by alcoholic drink. v. Any other remarks:

Name of the Examiner:-

Signature:-

Qualification:-

NMC/NHPC Reg. No.:-

Office/Hospital/Health Centre:-

Date:-

Seal of the Hospital/Health Centre:-

द्रष्टव्यः

- परीक्षण कार्य Forensic विषयको विशेषज्ञले र त्यस्तो विशेषज्ञ नभएमा तालिम प्राप्त चिकित्साकर्मीले गर्नु पर्दछ।
- परीक्षण गर्ने विशेषज्ञ वा चिकित्साकर्मीलेनै प्रतिवेदन तयार गर्नु पर्दछ।
- संभव भएसम्म कम्प्युटर टाइप गरी प्रतिवेदन तयार गर्नु पर्नेछ, सो नभएमा स्पष्ट बुझिने गरी व्यहोरा उल्लेख गर्नु पर्नेछ। साथै, परीक्षण प्रतिवेदनको सक्कल प्रति नै संलग्न गर्नु पर्नेछ।
- निर्धारित स्थानमा विवरण उल्लेख गर्न नपुग भएमा छुट्टै पानामा समेत विवरण उल्लेख गर्नु पर्नेछ।