

DEPARTMENT OF FORENSIC MEDICINE

UNIVERSITY OF PERADENIYA

VISION

JUSTICE THROUGH MEDICINE

MISSION

To;

- (1) produce medical practitioners who are aware and capable of discharging their legal responsibilities and are competent in handling medico legal cases, providing unbiased, truthful evidence to courts
- (2) enhance ethical behavior of the profession
- (3) enhance the research output of the department and thereby strengthen the evidence base of forensic medicine, science and related disciplines contributing to the advancement of the discipline
- (4) strengthen and increase awareness of the medico legal services provided by the department nationally and internationally



**CLINICAL APPOINTMENT
IN
FORENSIC MEDICINE**

INSTRUCTIONS FOR STUDENTS

All students following the clinical appointment in Forensic Medicine

1. Attendance: **100%** is required.
2. Equipment: Every student should carry a measuring tape, torch and a magnifying glass.
3. A lab-coat with the name tag should be worn over normal attire.
4. The program commences at **8 am** each day.
5. The structure of the clinical program is as follows

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Venue | TH Peradeniya/ Department of Forensic Medicine | TH Peradeniya/ Department of forensic Medicine | TH Kandy | TH Kandy | TH Kandy | TH Kandy |
| Activity | Clinical cases:History taking and examination for Medicolegal purposes Autopsies: Observation and assisting Documentation (MLEF, MLR, COD forms) | Museum specimen discussion, Ethics discussions, Group work and videos Forensic anthropology/ odontology | Clinical cases:History taking and examination for Medicolegal purposes Autopsies: Observation and assisting Documentation (MLEF, MLR, COD forms) | Clinical cases:History taking and examination for Medicolegal purposes Autopsies: Observation and assisting Documentation (MLEF, MLR, COD forms) | Clinical cases:History taking and examination for Medicolegal purposes Autopsies: Observation and assisting Documentation (MLEF, MLR, COD forms) | Clinical cases:History taking and examination for Medicolegal purposes Autopsies: Observation and assisting Documentation (MLEF, MLR, COD forms) |

6. For successful completion of the appointment a student should fill two MLEFs , two MLRs and two PMRs. The MLEF and MLR should be from patients at the TH Peradeniya. The PMR can be from either THP or GHK. For the purpose of completing the **MLEF and MLR, only two students are allowed to write about one patient while for completion of the PMR a maximum of five students are allowed to write about one postmortem examination.**
7. Specimen description: Discussion can be done in groups but the report should be submitted **individually in one's own words.**

8. Students will be taken to court to observe provision of expert medical evidence by forensic pathologists, exhumations and scene visits, if the opportunity arises.
9. Assessment will be by an OSPE conducted on the last week of the appointment.

For successful completion of the appointment a student should have

- 100% attendance
- Complete student log book
- Score above 50% in the OSPE

CONTENTS

- INTENDED LEARNING OUTCOMES OF THE CLINICAL APPOINTMENT
- PRERQUISITES
- COMPONENTS
 - EXAMINATION OF CLINICAL CASES
 - JUDICIAL AUTOPSY
 - SKELETAL SURVEY

 - ETHICS/PROFESSIONALISM/CRITICAL THINKING

 - EVALUATION OF PROFESSIONAL AND PERSONAL ATTRIBUTES OF STUDENTS
- OBJECTIVE STRUCTURED PRACTICAL EXAMINATION (OSPE)

THE INTENDED LEARNING OUTCOMES (ILO) OF THE CLINICAL APPOINTMENT

| Intended learning outcome | Competence |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Manage a person for medico-legal purposes | (1) Obtain a medico legal history (2) Access relevant information from hospital records (3) Identify external and internal injuries (4) Describe and document injuries (5) Complete a Medico-legal Examination Form (MLEF) (6) Prepare a Medico-Legal Report (MLR) for submission to Court (7) Perform relevant investigations, referrals and reviews where indicated |
| 2. Conduct postmortem examinations | (1) Perform an autopsy under supervision (2) Perform relevant investigations, referrals when indicated (3) Obtain a medico legal history and access relevant information from hospital records (4) Describe the procedure in carrying out dissection of the face, neck, perineum, skin, muscle and bone (5) Prepare a Postmortem Report for submission to Court |
| 3. Evaluate skeletal productions | Examine skeletal productions towards identifying age, sex, stature, injuries, cause of death, time since death |
| 4. Use laboratory and other diagnostic services effectively | Collect, preserve, document, label and send samples for analysis by the Government Analyst/Microbiologist/Histopathologist etc |
| 5. Maintain medico legal records | Identify the different types of legal and medico legal documents. Keep good medico-legal records, transmit information appropriately and operate information storage and retrieval systems effectively |
| 6. Communicate effectively and honestly | Present findings gathered from the examination of patients, autopsies and museum specimens in a clear and concise manner, both orally and in writing Communicate professionally with colleagues, support staff, courts, police and other governmental and non-governmental organizations for the benefit of patients |
| 7. Develop reasoning skills | Apply knowledge of science and logical method to medico legal problems (clinical cases, autopsies, museum specimens, skeletal productions) and formulate and defend an opinion assessing the reliability of evidence |
| 8. Ensure safe practice in relation to conducting autopsies, handling blood products, body fluids and tissues. | Evaluate the existing facilities especially in the mortuary in relation to safe practice in medico legal work |
| 9. Accustom themselves to the processes of audit and peer review | Present cases/specimens to each other in order to learn how to provide as well as accept constructive criticism |

| | |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. Work in a team in different capacities | Work with medical as well as non-medical colleagues recognizing the essential roles played by and the importance of securing mutual co-operation |
| 11. Continue self-education | Access information from different sources and evaluate their authenticity |
| 12. Evidence based practice | Critically evaluate articles in scientific literature in order to develop one's own practice |
| 13. Quality improvement | Careful observation, routine recording of change, reflection and offer suggestions in order to improve the medico legal system |
| 14. Professionalism | Demonstrate evidence of reliability, responsibility, adaptability and favourable attitudes to learning in terms of participation and attendance |

All aspects will be evaluated by presentations (cases/museum specimens), OSPE, observation of behavior during the appointment and evaluations of log book

**PREREQUISITES FOR CLINICAL APPOINTMENT IN FORENSIC
MEDICINE
(STATED IN RELATION TO EACH ILO)**

ILO 01

1. Pathological and physiological response of the body to trauma and its sequelae.
2. Agents which cause injury to the body and the features of these injuries, prognosis and their medico legal significance.
3. Legal background for categorizing injuries
4. Taking a history from and the examination of a patient.
5. Surface anatomy.
6. Regional anatomy of chest, abdomen, pelvis, head (eyes, ears, face, teeth) and limbs.

ILO 02

Diagnose death

1. Know changes that occur after death, post mortem artifacts and their medico legal importance.
3. Legal background of inquests, autopsies and exhumations
4. Procedure for disposal of a dead body, legally, in various circumstances
5. Differentiate between the cause of death, manner of death and mode of death.
6. Gross anatomy of heart, lungs, brain and GI tract.
7. Macroscopic appearance of disease conditions which could result in sudden death

ILO 03

1. Identification of bones as human
2. Features of the human skeleton which would help in the determination of sex and age

ILO 04

1. Basic principles of collecting and transportation of specimens

ILO 05

1. Document and store information effectively and confidentially

ILO 06

1. Active listening skills and ability to present information verbally and in writing in a clear and concise manner, appropriate to the needs of the audience

ILO 07

1. Apply knowledge of science in clinical practice.
2. Formulate opinion based on application of logic, critical thinking and problem solving skills
3. Identify general/basic medico legal issues prior to a case

ILO 08

1. Be aware of the importance of protecting one's self and other from disease and injury
2. Transmission of infections and diseases

ILO 09

1. Be open to constructive criticism
2. Provide feedback in a constructive manner
3. Maintain flexibility and open mindedness
2. Withstand/accept conflict of ideas

Objective 10 - Work in a team

1. Be prepared to lead and to follow

ILO 11 – Continue self-education

1. The habit of keeping abreast with recent developments in Sri Lanka and elsewhere by referring scientific journals and critically evaluating their value in current medical practice.

ILO 12 - Evidence based practice

1. Critically evaluate evidence in the literature
2. Be prepared to adopt new methods/practices

ILO 13 - Quality improvement

1. Observational skills and creativity

ILO 14 - Professionalism

1. Respect for others
2. Strive for high standards

CLINICAL CASES

| Date | MLEF no | Type of case | Category of hurt | JMO (signature) |
|------|---------|--------------|------------------|--------------------|
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| Date | MLEF no | Type of case | Category of hurt | JMO (signature) |
|-------------|----------------|---------------------|-------------------------|----------------------------|
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Medical Officer's Copy

අධිකරණ වෛද්‍ය පරීක්ෂණ පෝරමය

සட்ட මருத்துவப் பரிசோதனைப் படிவம்

Medico - Legal Examination Form

MEDICAL OFFICER'S NOTE

Full Name and Address:

Date, Time and Place of Examination:

Date of Birth : Age :

Consent of the examinee

Identification

N. I. C. No. / Passport No.:

Thumb imprint

Left Right

Signature of Doctor.

Police Officer Producing:

Signature:

Name:

Rank/ Reg No.:

MLEF No.:

Date:

Police Station:

Name:

Date of Examination

Ref No.

(අ) කොටස : (1-8) පොරොන්දු කිරීමේදී පමණක් සම්පූර්ණ කළ යුතුය.
பகுதி A : (1-8) வரை வழங்கிய பொலீஸ் உத்தியோகத்திற்கானப் பூர்த்தி செய்யப்பட வேண்டும்.
Part A : (1-8) To be filled by Police Officer issuing MLEF

1. පොලීස් ස්ථානය බොලීස් නිලයාගේ
Police Station :
2. නිකුත් කළ දිනය වැනි
Date of Issue :
3. අංකය
No:

4. පරීක්ෂක කරනු ලබන්නාගේ සම්පූර්ණ නම හා ලිපිනය
Full Name and Address of the examinee
5. උපන් දිනය වැනි
DOB
6. වයස
Age

7. වෛද්‍ය පරීක්ෂණයට යොමු කිරීමට හේතුව
Reason for referring for examination
8. නිකුත් කරන නිලධාරියා වැනි
Police Officer Issuing:
අත්සන කෙටුම්පත
Signature:
නම
Name:

(ආ) කොටස : (9-22) වෛද්‍ය නිලධාරියා විසින් සම්පූර්ණ කළ යුතුය.
பகுதி B : (9-22) வைத்திய அதிகாரியினால் பூர்த்தி செய்யப்பட வேண்டும்.
Part B : (9-22) To be filled by Medical Officer

9. ඉදිරිපත් කරන ලද දේ
Produced by:

10. ඇතුළත් කිරීමේ
Admission:
Hospital: Ward:
දිනය
Date:
වේලාව
Time:
11. පරීක්ෂණ කිරීමේ
Examination:
දිනය හා වේලාව
Date and Time:
ස්ථානය
Place:
12. මුදාහැරීමේ
Discharge:
දිනය හා වේලාව
Date of discharge:

13. ශාරීරික හානියේ ස්වභාවය
Nature of the bodily harm :
කිරීමේ
Abrasion:
කපුම්
Cut:
කපා හැරීම
Bite
කැලීම
Contusion:
ඉරි/කැලීම
Laceration:
වෙඩි වැදීම
Firearm inj.
විසන්ධි වීම
Dislocation/Subluxation:
දැණුම්
Stab
පිළිස්සුම්
Burns
නැත
None

14. හානිකාරකයේ ස්වභාවය
Nature of Causative Weapon:
මෝටර්
Blunt
නියුණු
Sharp
හිනි අවි
Firearm
පුපුරන මොලට්
Explosive devices
වෙනත්
Others

15. විධිමත් ප්‍රදේශයේ
Category of Hurt:
බරපතල
Non - grievous
බරපතල
Grievous
ස්වභාවික කක්ෂයේ
Fatal in ordinary course of nature
බරපතල නම් ජීවිතයට අන්තරාකාරී
If Grievous, does it endanger life ?
ඔව්
Yes
නැත
No

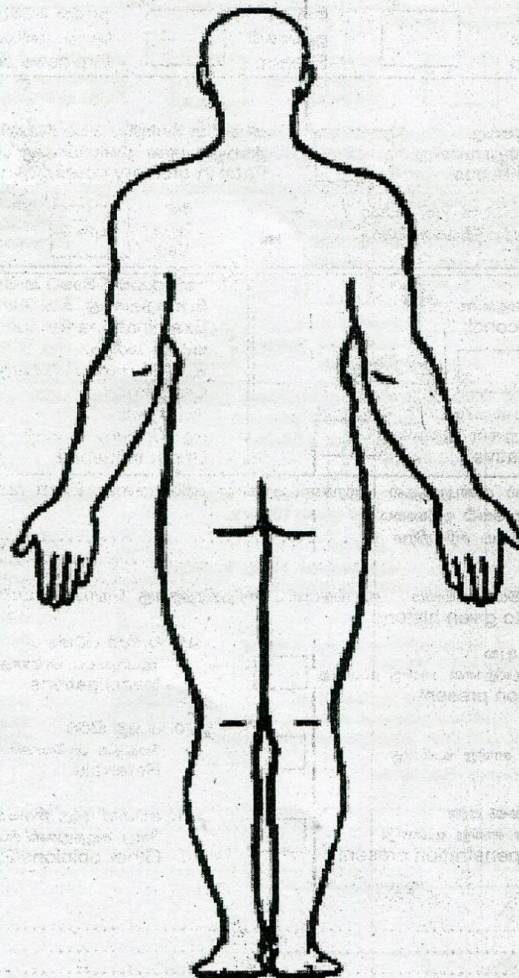
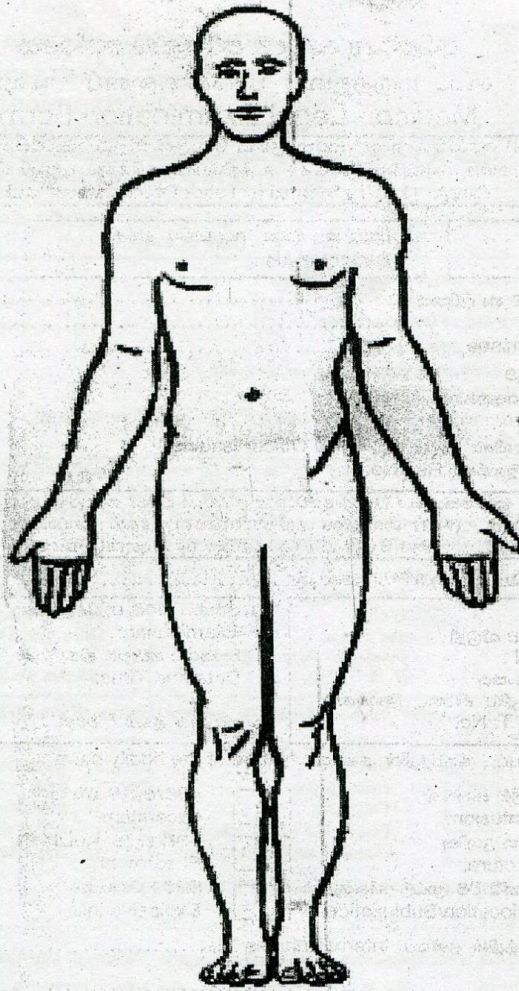
16. මධ්‍යසාර පිළිබඳ පරීක්ෂණ
Examination for consumption of alcohol:
ප්‍රාථමිකයේ
Breathing smelling
මත් වී ඇත
Under influence
17. අන්තරාකාරක පිළිබඳ පරීක්ෂණ
Examination for consumption of drugs:
භාවිතා කර ඇත
Consumed
මත් වී ඇත
Under influence

18. ලිංගික විෂයයේ පිළිබඳ පරීක්ෂණ
Examination of alleged sexual assault
a. පරීක්ෂක කරනු ලබන්නා විසින් දෙන ලද
Brief history given by examinee
b. දී ඇති
Findings of examination relevant to given history:

i. ස්ත්‍රී/ ස්ත්‍රී මඟ
Signs of vaginal/ hymen penetration present
ii. ඉදිරිපත් අධිකරණ ප්‍රදේශයේ
Signs of anal penetration present
iii. අන්තර් අධිකරණ
Signs Consistent with inter labial penetration present

22. විෂය කරුණු
Remarks:

දොඩු අංකය
Ref No.
අත්සන කෙටුම්පත
Signature:
Full Name, qualifications, SLMC Reg No. Designation of the Medical Officer



ஂஒஒஒஒஒஒஒ - ஒஒஒஒஒஒஒஒஒஒ
ஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒ
MEDICO - LEGAL REPORT

(Diagramatic Form 1135 A may be used to illustrate injuries and inserted into this report when necessary)

| | |
|--------------------------------------------------------|-----------------------------------------------------------------------|
| ஂஒஒஒஒஒஒஒஒஒஒ } ஒஒஒஒஒஒஒஒஒஒஒ } Serial No. | ஂஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒ } ஂஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒ } Medico-Legal Form No. |
| ஒஒஒஒஒஒஒஒஒஒஒஒ } ஒஒஒஒஒஒஒஒஒஒஒஒ } Magistrate's Court | ஒஒஒஒஒஒஒஒஒஒஒஒஒ } ஒஒஒஒஒஒஒஒஒஒஒஒ } Date of Issue |
| ஒஒஒஒஒஒஒஒஒஒ } ஒஒஒஒஒஒஒஒஒஒ } Case No. | ஒஒஒஒஒஒஒஒஒஒஒஒ } ஒஒஒஒஒஒஒஒஒஒஒஒ } Police Station |
| ஒஒஒஒஒஒஒஒஒஒஒ } ஒஒஒஒஒஒஒஒஒஒஒஒ } Date of Trial | |

ஒஒஒஒஒஒஒஒஒஒ
ஂஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒ
A. IDENTIFICATION

| | | |
|-----------------------------------------------------------------------------|--------------------------------------------|----------------------------|
| ஒஒஒஒஒஒஒஒஒஒஒ } ஒஒஒஒஒஒஒஒஒஒஒஒ } Full Name | | |
| ஒஒஒஒஒ } ஒஒஒஒஒ } Age | ஒஒஒஒஒஒஒஒஒ } ஒஒஒஒஒஒஒஒஒ } Female/ Male | |
| ஒஒஒஒஒஒஒஒஒ } ஒஒஒஒஒஒஒஒஒ } Address | | |
| ஒஒஒஒஒஒஒஒஒஒ } ஒஒஒஒஒஒஒஒஒஒ } Place of examination | ஒஒஒஒஒ } ஒஒஒஒஒ } Date | ஒஒஒஒஒ } ஒஒஒஒஒ } Time |
| ஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒ } ஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒ } Date of admission to hospital | | ஒஒஒஒஒ } ஒஒஒஒஒ } Time |
| ஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒ } ஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒ } Date of Discharge | | |
| ஒஒஒஒஒஒஒஒஒஒஒ } ஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒ } Bed Head Ticket No. | | |

ஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒ
ஂஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒஒ
B. SHORT HISTORY GIVEN BY PATIENT

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අධිකරණ - වෛද්‍ය වාර්තාව
சட்ட வைத்திய அறிக்கை
MEDICO—LEGAL REPORT

වෛද්‍ය නිලධාරීන්ට උපදෙස්
மருத்துவ அலுவலர்களுக்கு அறிவுறுத்துரைகள்
INSTRUCTIONS TO MEDICAL OFFICERS

1. මේ සඳහා සපයා ඇති ආකෘති පත්‍රයෙහි වාර්තාව පිළියෙල කර, ඊට අත්සන් තබා දිනය යොදා යැවිය යුතුයි. වාර්තාවේ පිටපතක් වෛද්‍යවරයා ලෙස තබාගත යුතුය.

வழங்கப்பட்டுள்ள படிவத்தில் கையொப்பமும் தேதியும் அனுப்பவும். மருத்துவரால் பரிசீலனை செய்து வைத்திருக்கப்பட வேண்டும்.
Transmit report on the form provided, signed and dated. A copy to be kept by the Doctor.

2. හැකි පමණ දුරට පාරිභාෂිත වචන නොයොදා වාර්තාව යතුරු ලියන කොට හෝ තැනැදිලි අකුරෙන් ලිවිය යුතුවේ. සුලබවෙන් සඳහන් කළ යුතු වාක්‍ය භාෂණයක් භාවිතයෙන් වැළකී සිටිය යුතුය. අතිශයින්ම සරල වචන භාවිතයෙන් වැළකී සිටිය යුතුය.

The report should be written legibly or typed, always avoiding technical terms as far as possible.

3. මහේස්ත්‍රාත්වරයාගෙන් දැන්වීම හෝ සිකායි ලැබුණු විට රෙජිස්ටර් කැපුලෙන් එම වාර්තාව යැවිය යුතුය. නීතිවානිදාමිලිකරුන්ගේ අත්පිටි ඇතිවීමට හෝ අනුමැතියෙන් පැහැදිලි කළ යුතු වෛද්‍ය පරීක්ෂණ පිළිබඳව අනුමැතියක් ලබා ගැනීමට අවශ්‍ය වන විට මහේස්ත්‍රාත්වරයාගෙන් අනුමැතිය ලබා ගත යුතුය.

All reports to be sent under registered cover to the Magistrate on receipt of the notice or summons from him.

4. වාර්තාවේ පිටපත වෛද්‍ය නිලධාරියාට අයත් වුවකි. ඔහු එය සුරක්ෂිත ලෙස සබා ගත යුතුය. ඔහු අන් කුණකට මාරුකරනු ලැබූ විට එම පිටපත තමන් සතිය රැගෙන යා යුතුය.

அறிக்கையின் பிரதி மருத்துவ அலுவலரின் சொந்தச் சொத்து ஆகும். அதனை அவர் பத்திரமாக வைத்திருக்க வேண்டும். இன்னொரு இடத்துக்கு மாற்றம் செய்யப்படுகிறது இதனையும் தன்னுடன் கொண்டு செல்ல வேண்டும்.
The copy of the report is the personal property of the Medical Officer and he should keep it under lock and key. He should take it with him when he is transferred to another station.

දණ්ඩ නීති සංග්‍රහයේ 311 වැනි වගන්තිය—
தண்ட சட்டக்கோவையின் 311 ஆம் பிரிவு—
SECTION 311 OF PENAL CODE—

311. පහත දැක්වෙන තුවාල පමණක් "බරපතල තුවාල" ලෙස නම් කරනු ලැබේ :—

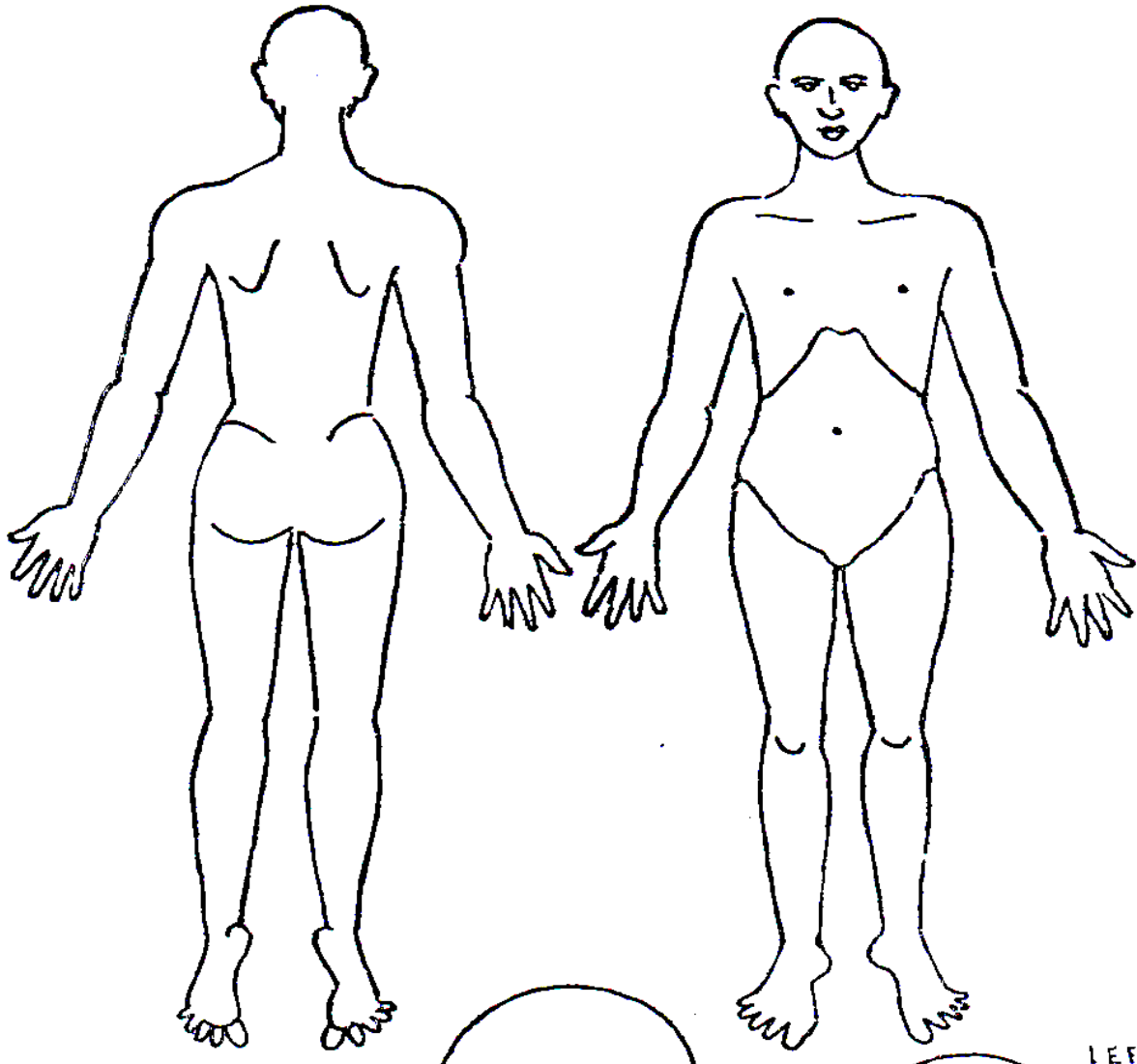
- (අ) අපෝච්ඡායනය ;
- (ආ) දකුණින් එක් ඇඟක හෝ වෙනත් ස්තනවලින් තුවාල කිරීම හෝ දුර්වල කිරීම ;
- (ඇ) දකුණින් එක් කණක හෝ ඇසින් ස්තනවලින් තුවාල කිරීම හෝ දුර්වල කිරීම ;
- (ඈ) යම් අවයවයක හෝ සන්ධියක ක්‍රියා කාරිත්වය නැති කිරීම ;
- (ඉ) යම් අවයවයක හෝ සන්ධියක කාරිත්වය විනාශ කිරීම හෝ ස්තනවල දුර්වල කිරීම ;
- (ඊ) බිස හෝ මුහුණ ස්තනවල විරූප කිරීම ;
- (උ) අස්ථියක්, කාර්ටිලේජ් හෝ දත්තක් කැපීම හෝ හංක කිරීම හෝ අස්ථියක්, සන්ධියක් හෝ දත්තක් අවයව කිරීම ;
- (ඌ) ජීවිතයට අන්තරායකාරී වන යම් තුවාලයක් හෝ, යම් තුවාලයක ප්‍රතිඵලයක් වශයෙන් උරස්, උදර හෝ කපාල කුහර විවෘත කිරීමට පිළිවන ඔලා කරමින් සිදුකරනු ලැබූ ද, එවැනි තුවාලයක් ;
- (ඍ) යම් තුවාලයක් හේතුවෙන් හෝ යම් තුවාලයක් නිසා කළ යුතු වූ ඔලා කරමින් හේතුවෙන් හෝ, දින විස්සක කාලයක් තුළදී කාරිත්වය වේදනා විදීමට පිළිකුරේත හෝ තමාගේ සාමාන්‍ය කටයුතුවල නිරතවීමට නොහැකි වන අන්දමේ යම් තුවාලයක් ;

311. பின்வரும் வகையினதான காயங்கள் மட்டுமே "கடுமையானவை"யாக குறித்துரைக்கப்படுகின்றன :

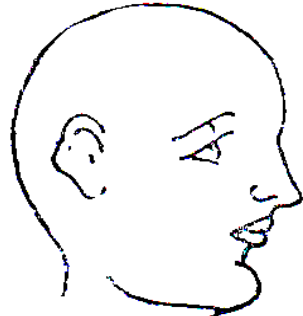
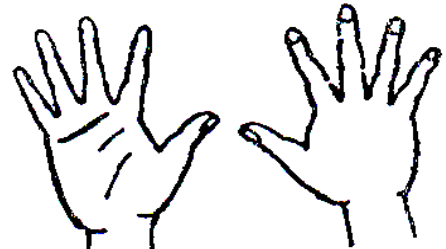
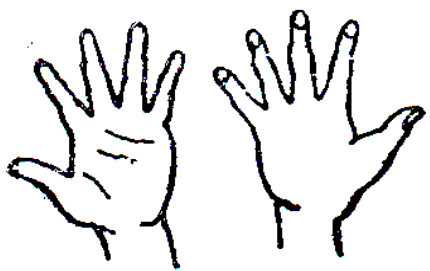
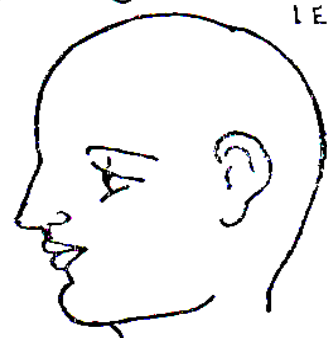
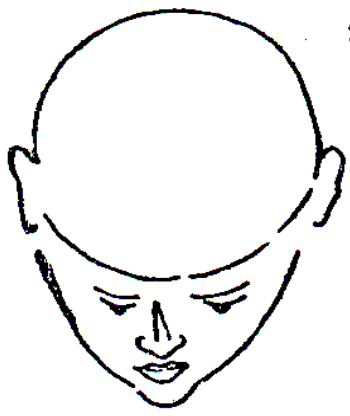
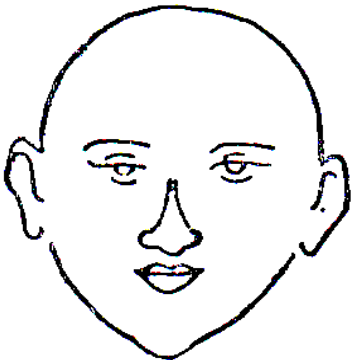
- (அ) ஆண்மையிழத்தல் ;
- (ஆ) இரு கண்களுள் ஒன்றில் நிரந்தரமான பார்வைச் சீர்குலைவு அல்லது பாதிப்பு ;
- (இ) இரு செவிகளுள் ஒன்றில் நிரந்தரமான செவிப்புல சீர்குலைவு அல்லது பாதிப்பு ;
- (ஈ) ஏதேனும் உறுப்பின் அல்லது மூட்டின் சீர்குலைவு ;
- (உ) ஏதேனும் உறுப்பின் அல்லது மூட்டின் வலிமைகள் அழிக்கப்படல் அல்லது நிரந்தரப் பாதிப்பு ;
- (ஊ) தலை அல்லது முகம் நிரந்தரமாக உருக்குலைவு ;
- (எ) எலும்பு, கசியிழையம் அல்லது பல்வெட்டப்படுதல் அல்லது முறிவு அல்லது எலும்பு மூட்டு அல்லது பல்லின் இடப் பெயர்வு அல்லது தளர்வு ;
- (ஏ) உயிருக்கு ஆபத்து ஏற்படக்கூடிய ஏதேனும் ஊறு அல்லது எந்த ஊறின் விவகாரமாக இருந்தும், உயிற்றில் அல்லது மண்டையோட்டு அறைகள் திறக்கப்பட வேண்டிய சத்திரசிகிச்சையொன்று புரியப்படுகின்றதோ அந்த ஏதேனும் ஊறு ;
- (ஐ) காயப்பட்டவர்களுக்கு ஊறின் காரணமாக அல்லது ஊறனால் அவசியப்படுத்தப்பட்ட ஏதேனும் சத்திரசிகிச்சையால் இருபது நாட்களைக் கொண்டவொரு காலப்பகுதிக்கு கடு

311. The following kinds of hurt only are designated as "grievous" :—

- (a) emasculation ;
- (b) permanent privation or impairment of the sight of either eye ;
- (c) permanent privation or impairment of the hearing of either ear ;
- (d) privation of any member or joint ;
- (e) destruction or permanent impairment of the powers of any member or joint ;
- (f) permanent disfiguration of the head or face ;
- (g) cut or fracture, of bone cartilage or tooth or dislocation or subluxation of bone, joint or tooth ;
- (h) any injury, which endangers life or in consequence of which an operation involving the opening of the thoracic, abdominal or cranial cavities is performed ;
- (i) any injury which causes the sufferer to be in severe bodily pain or unable to follow his ordinary pursuits, for a period of twenty days either because of the injury or any operation necessitated by the injury.

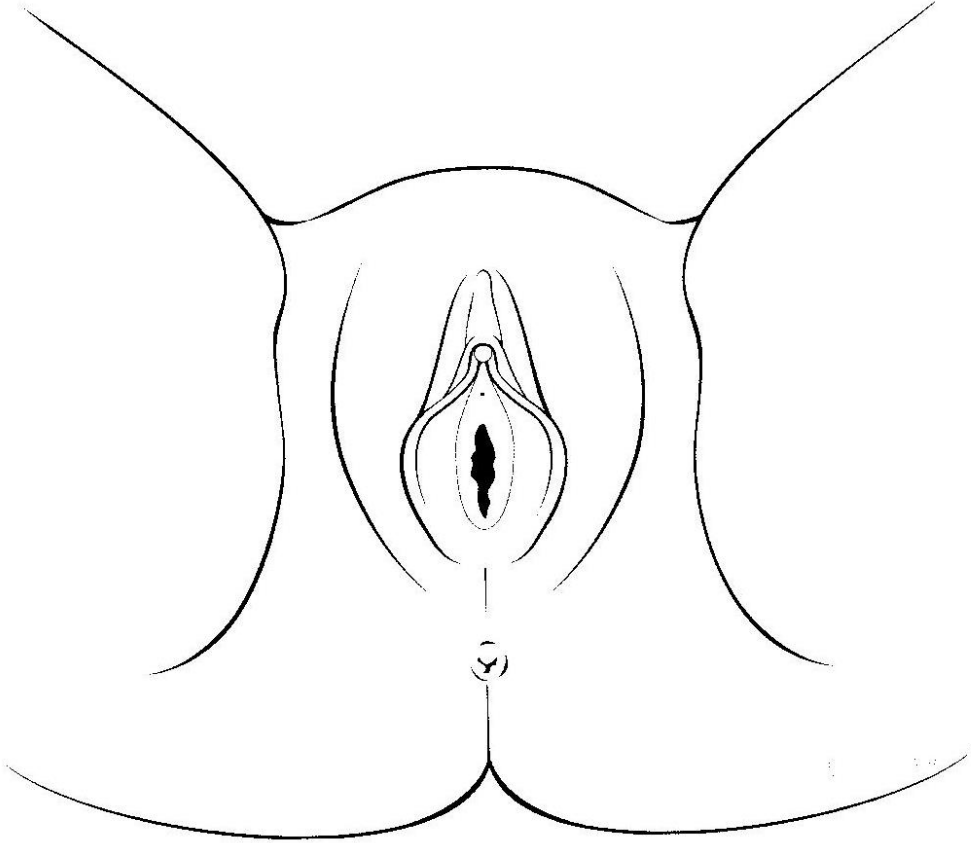
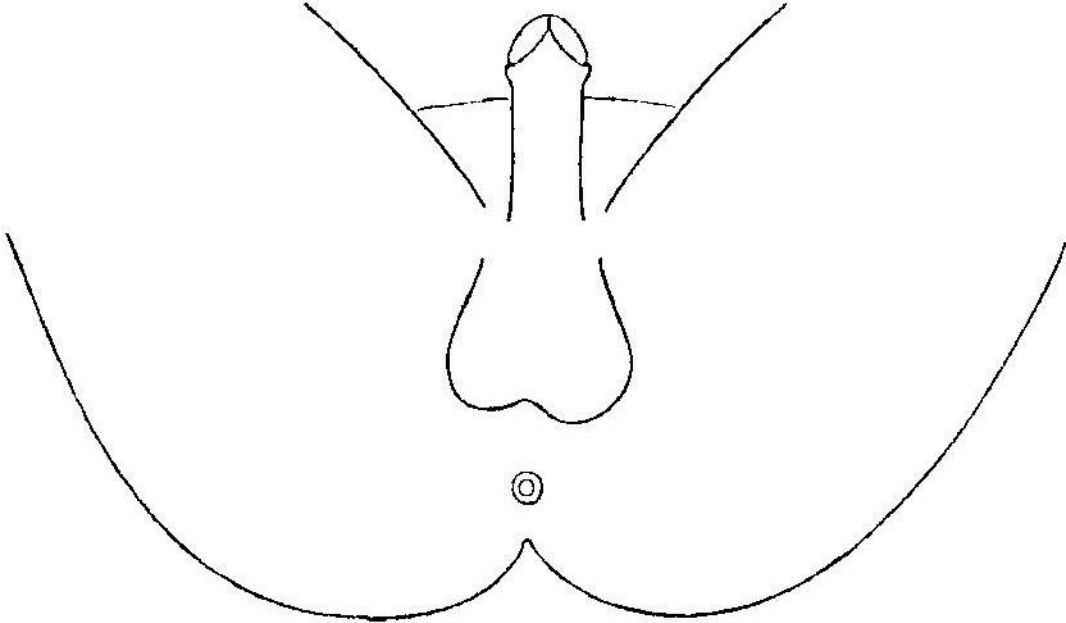


LEFT



Right

Left



අධිකරණ වෛද්‍ය පරීක්ෂණ පෝරමය
சட்ட மருத்துவப் பரிசோதனைப் படிவம்
Medico - Legal Examination Form

(අ) කොටස : (1-8) පෝරමය නිකුත් කරනු ලබන පොලීස් නිලධාරියා විසින් සම්පූර්ණ කළ යුතුය.
பகுதி A : (1-8) வரை வழங்கிய பொலீஸில் உத்தியோகத்தரினால பூர்த்தி செய்யப்பட வேண்டும்.
Part A : (1-8) To be filled by Police Officer issuing MLEF

| | | | | | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|---|---|
| 1. පොලීස් ස්ථානය Police Station : | 2. නිකුත් කළ දිනය Date of Issue : | 3. අංකය No: | | | |
| 4. පරීක්ෂා කරනු ලබන්නාගේ සම්පූර්ණ නම හා ලිපිනය Full Name and Address of the examinee | 5. උපන් දිනය Date of Birth | 6. වයස Age | | | |
| 7. වෛද්‍ය පරීක්ෂණයට යොමු කිරීමට හේතුව Reason for referring for examination | <table border="1" style="margin: auto;"> <tr> <td style="padding: 2px;">B</td> <td style="padding: 2px;">M</td> <td style="padding: 2px;">F</td> </tr> </table> | | B | M | F |
| B | M | F | | | |
| 8. නිකුත් කරන නිලධාරියා Rank/ නිල අංකය Reg No.: | අත්සන Signature: | | | | |

(ආ) කොටස : (9-22) වෛද්‍ය නිලධාරියා විසින් සම්පූර්ණ කළ යුතුය.
பகுதி B : (9-22) வைத்திய அதிகாரியினால் பூர்த்தி செய்யப்பட வேண்டும்.
Part B : (9-22) To be filled by Medical Officer

| | | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------|
| 9. ඉදිරිපත් කරන ලද්දේ Produced by: | | |
| 10. ඇතුළත් කිරීම Admission: රෝහල Hospital: දිනය Date: වේලාව Time: | 11. පරීක්ෂා කිරීම Examination: දිනය හා වේලාව Date and Time: ස්ථානය Place: | 12. රෝහලෙන් පිට කළ දිනය Date of discharge: |

13. ශාරීරික හානියේ ස්වභාවය
Nature of the bodily harm :

| | | | |
|---------------------------------------------|------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> සීරීම Abrasion: | <input type="checkbox"/> කැලීම් Contusion: | <input type="checkbox"/> ඉරිම්/පැලීම් Laceration | <input type="checkbox"/> ඇඳුම් Stab |
| <input type="checkbox"/> කැපුම් Cut: | <input type="checkbox"/> හස්ත භ්‍රාමය Fracture: | <input type="checkbox"/> වෙඩි වැදීම් Firearm inj. | <input type="checkbox"/> පිළිස්සුම් Burns |
| <input type="checkbox"/> සපාකෑම් Bite | <input type="checkbox"/> විසන්ධි වීම Dislocation/Subluxation: | <input type="checkbox"/> පිපීරීම් Explosive inj. | <input type="checkbox"/> නැත None |

ආභාතර භ්‍රාමය
Internal Injuries

වෙනත් වෙනත්
Others

14. හානිකාරකයේ ස්වභාවය
Nature of Causative Weapon:

| | | | | |
|-----------------------------------------|------------------------------------------|----------------------------------------------|------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> මොට්ට Blunt | <input type="checkbox"/> කියුණු Sharp | <input type="checkbox"/> ගිනි අවි Firearm | <input type="checkbox"/> පුපුරන Explosive devices | <input type="checkbox"/> වෙනත් Others |
|-----------------------------------------|------------------------------------------|----------------------------------------------|------------------------------------------------------|------------------------------------------|

15. පීඩාවේ ප්‍රභේදය
Category of Hurt:

| | | |
|-------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> බරපතල නොවන Non - grievous | <input type="checkbox"/> බරපතල Grievous | <input type="checkbox"/> ස්වභාවික කක්ෂයට Fatal in ordinary course of nature |
|-------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------|

බරපතල නම් ජීවිතයට අන්තරාකාරී කක්ෂයක් ඇති කරයිද?
If Grievous, does it endanger life ?

| | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> ඔව් Yes | <input type="checkbox"/> නැත No |
|-------------------------------------|------------------------------------|

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 16. මධ්‍යසාර භාවිතය පිළිබඳ පරීක්ෂණ Examination for consumption of alcohol: ප්‍රාණවාසය මධ්‍යසාර රස ඇත Breathing smelling මත් වී ඇත Under influence | 17. අන්තරාකාර මත්පැන් භාවිතය පිළිබඳ පරීක්ෂණ Examination for consumption of drugs: භාවිතා කර ඇත Consumed මත් වී ඇත Under influence |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

18. ලිංගික සිංහනය පිළිබඳ පරීක්ෂණ
Examination of alleged sexual assault

a. පරීක්ෂා කරනු ලබන්නා විසින් දෙන ලද කෙටි ඉතිහාසය
Brief history given by examinee

b. දී ඇති ඉතිහාසයට සාපේක්ෂව වෛද්‍යමය නිගමනය
Findings of examination relevant to given history:

| | |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| i. යෝනි/ කන්‍යාපටල ප්‍රවේශන ලක්ෂණ ඇත Signs of vaginal/ hymen penetration present | 19. වැඩිදුර පරීක්ෂණ Investigations |
| ii. ඉද මාර්ග ප්‍රවේශන ලක්ෂණ ඇත Signs of anal penetration present | 20. යොමු කිරීම Referrals |
| iii. අන්තර් අධර ප්‍රවේශනයට අනුරූප ලක්ෂණ ඇත Signs Consistent with inter labial penetration present | 21. වෙනත් අදාළ නිගමන/ නිර්දේශ Other opinions/ Recommendation |

22. විශේෂ කරුණු
Remarks:

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| | | |
|-------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------|
| <table border="1" style="width:100%;"> <tr> <td>යොමු අංකය Ref No.</td> </tr> </table> | යොමු අංකය Ref No. | අත්සන Signature: Full Name, qualifications, SLMC Reg No. Designation of the Medical Officer |
| යොමු අංකය Ref No. | | |

டிமீகர்ஷன் - லெடெய்ஸ் வார்லாவ
சட்ட லைத்திய அறிக்கை
MEDICO - LEGAL REPORT

(Diagramatic Form 1135 A may be used to illustrate injuries and inserted into this report when necessary)

| | |
|-------------------------------------------------------------|--------------------------------------------------------------------------------|
| டிஐகிரஐபீக டிசைஸ் } டெலர் டிசைஸ் } Serial No. | டிமீகர்ஷன்-லெடெய்ஸ் டிசைஸ் } சட்ட லைத்திய டிசைஸ் } Medico-Legal Form No. |
| டெமீகிரஐபீக டிசைஸ் } டீமீகிரஐபீக } Magistrate's Court | டீமீகிரஐபீக டிசைஸ் } டெலர் டிசைஸ் } Date of Issue |
| டீமீகிரஐபீக } டீமீகிரஐபீக } Case No. | டெலர் டிசைஸ் } டெலர் டிசைஸ் } Police Station |
| டீமீகிரஐபீக டிசைஸ் } டீமீகிரஐபீக } Date of Trial | |

டீ டெலர் டிசைஸ்
அ. அடெய்ஸ் டிசைஸ்
A. IDENTIFICATION

| | | |
|------------------------------------------------------------------------|------------------------------------------------|----------------------------------------|
| டீமீகிரஐபீக டிசைஸ் } டீமீகிரஐபீக } Full Name | | |
| டீமீகிரஐபீக } டீமீகிரஐபீக } Age | டீமீகிரஐபீக } டீமீகிரஐபீக } Female/ Male | |
| டீமீகிரஐபீக } டீமீகிரஐபீக } Address | | |
| டீமீகிரஐபீக டிசைஸ் } டீமீகிரஐபீக } Place of examination | டீமீகிரஐபீக } டீமீகிரஐபீக } Date | டீமீகிரஐபீக } டீமீகிரஐபீக } Time |
| டீமீகிரஐபீக டிசைஸ் } டீமீகிரஐபீக } Date of admission to hospital | டீமீகிரஐபீக } டீமீகிரஐபீக } Time | |
| டீமீகிரஐபீக டிசைஸ் } டீமீகிரஐபீக } Date of Discharge | | |
| டீமீகிரஐபீக டிசைஸ் } டீமீகிரஐபீக } Bed Head Ticket No. | | |

டீ. டெலர் டிசைஸ் டெலர் டிசைஸ்
ஆ. டெலர் டிசைஸ் கருக்க டெலர் டிசைஸ்
B. SHORT HISTORY GIVEN BY PATIENT

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**ஏபீகரண - வேடய வார்ப்பா
சட்ட வைத்திய அறிக்கை
MEDICO—LEGAL REPORT**

வேடய கிரமாரீனவ ருசடேய்

மருத்துவ அலுவலர்களுக்கு அறிவுறுத்துரைகள்
INSTRUCTIONS TO MEDICAL OFFICERS

1. மீ டடா கபயா குகி ஞாக்கி பவரூகி வார்ப்பா பிபிசெல கர, ரீவ ஞயன் கபா டீகய யோட யூபீய பூகூபி. வார்ப்பாபி பிபிசகன் வேடயவரீயா குக கபாக்க பூகூபி.

வழங்கப்பட்டள்ள படிவத்தில் கையொப்பமும் தேதியும்பிட்டு அனுப்பவும். மருத்துவரால் பிரதி ஒன்று வைத்திருக்கப்பட வேண்டும்.

Transmit report on the form provided, signed and dated. A copy to be kept by the Doctor.

2. குகி பமீக டூரவ பாரீயாக்க வபவ தோயோட வார்ப்பா யகூரூ டீயக கோபி ஞை் பகூகூரூபி ஞகூரூன் டீபீய பூகூபி.

கூடுமாணவரை கலைச் சொற்களை எப்பொழுதும் தவிர்ந்து, அறிக்கை தெளிவாக எழுதப்படுதல் வேண்டும். அன்றே தட்டெழுத்தில் பொறிக்கப்பட வேண்டும்.

The report should be written legibly or typed, always avoiding technical terms as far as possible.

3. மகேய்ஜான்பரீயாக்கை டூன்பீம ஞை் பிகாபி டூபூபூ டீவ ரேபீய்கர ககூரூன் பமீ வார்ப்பா யூபீய பூகூபி.

நீதிவாணிடமிருந்து அன்றே தல் அன்றேல் அழைப்பாணை பெற்றுக்கொள்ளப்பட்டதும் பதிவு அஞ்சல் மூலம் எல்லா அறிக்கைகளையும் நீதிவாணுக்கு அனுப்ப வேண்டும்.

All reports to be sent under registered cover to the Magistrate on receipt of the notice or summons from him.

4. வார்ப்பாபி பிபிசக வேடய கிரமாரீயாவ ஞயன் பூபிகி. பூபூ பவ பூர்ப்பீக டேய யபா யக பூகூபி. பூபூ ஞன் ககூகக பாரூகரூபூ டூபூ டீவ பமீ பிபிசக கபை் யமீக டீகை யா பூகூபி.

அறிக்கையின் பிரதி மருத்துவ அலுவலரின் சொந்தச் சொத்து ஆகும். அதனை அவர் பத்திரமாக வைத்திருக்க வேண்டும். இன்னொரு இடத்துக்கு மாற்றம் பெறும்பொழுது இதனையும் தன்னுடன் கொண்டுவரவேண்டும்.

The copy of the report is the personal property of the Medical Officer and he should keep it under lock and key. He should take it with him when he is transferred to another station.

டூன்பி கீகி பஃகூயகே 311 வூகி வகன்கீய-

தண்ட சட்டக்கோவையின் 311 ஆம் பிரிவு-

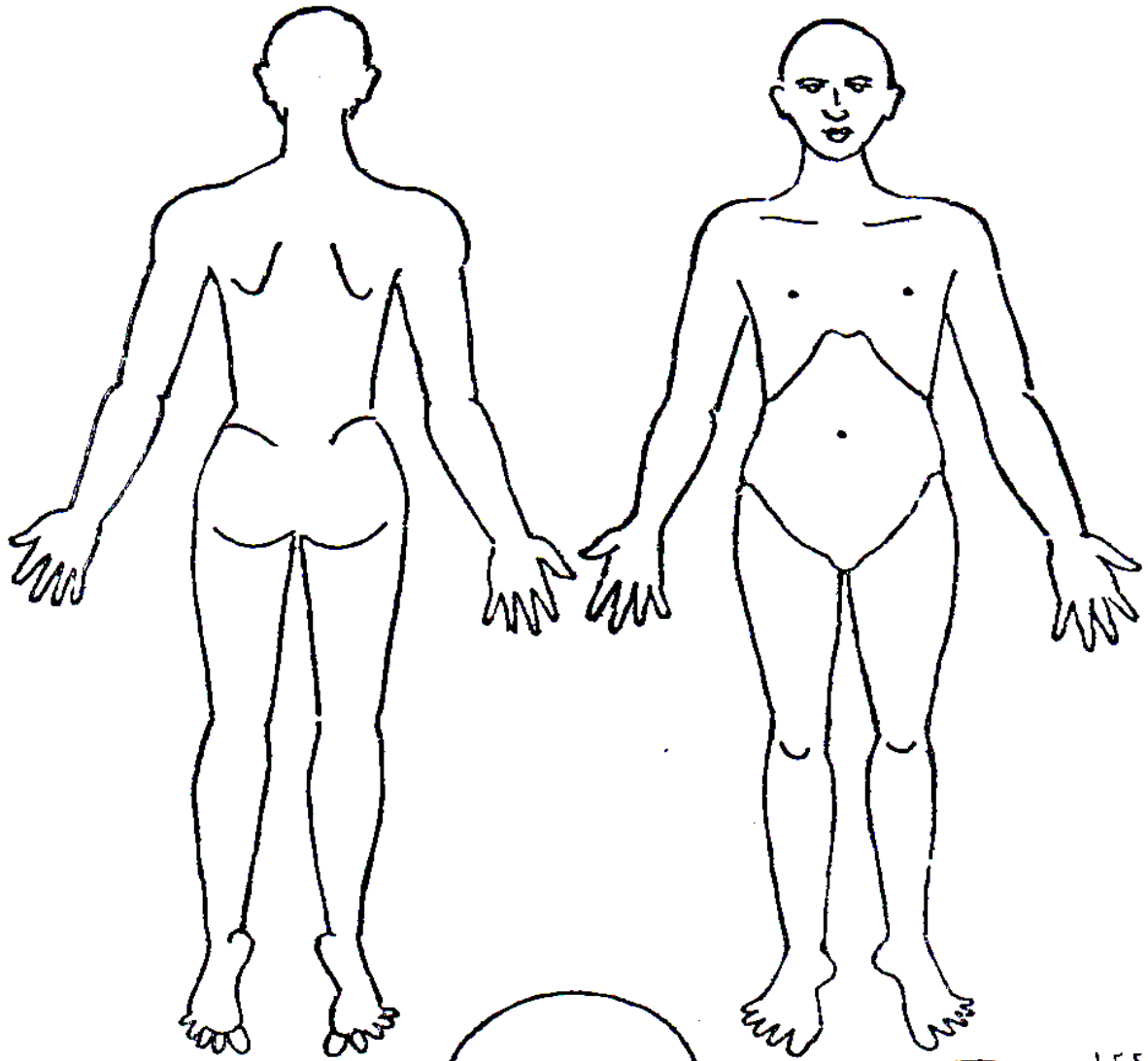
SECTION 311 OF PENAL CODE—

311. பகை டூன்வக கூபிவ பமீகன் "கிரககர கூபிவ" டேய கமீ கரூபூ டூபீய :-

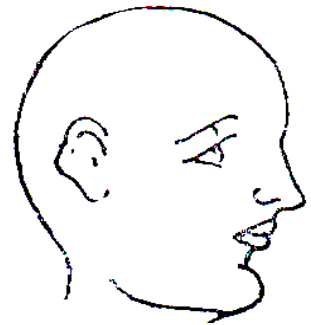
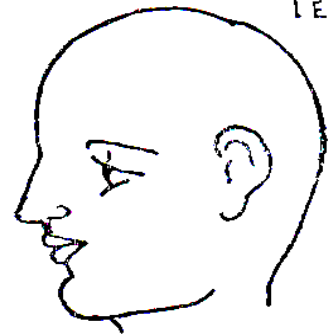
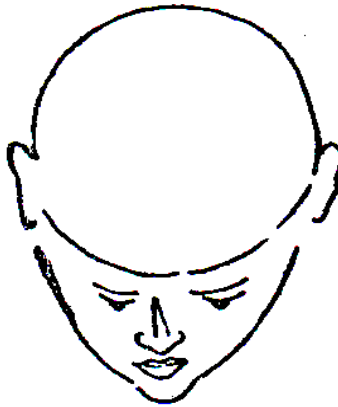
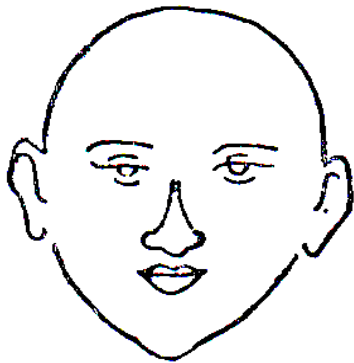
- (அ) சலோரூகாயகய ;
- (ஆ) டேகூபீன் பன் கூயக ஞை் கைகீம படகபமீ ககூகி கிரமீ ஞை் டூர்பவ கிரமீ ;
- (இ) டேகூபீன் பன் ககூக ஞை் கூபீம படகபமீ ககூகி கிரமீ ஞை் டூர்பவ கிரமீ ;
- (ஈ) யமீ ஞவபவக ஞை் பகபீயக பூயா காரீயவ ககூகி கிரமீ ;
- (ஊ) யமீ ஞவபவக ஞை் பகபீயக ஞககீய பீயா ககிரமீ ஞை் படகபமீ டூர்பவ கிரமீ ;
- (஋) கிவ ஞை் பூபூக படகபமீ பீரூப கிரமீ ;
- (஌) ஞய்யக, கார்பீலன் ஞை் டகன் ககூபீம ஞை் ககூ ககிரமீ ஞை் ஞய்யக, பகபீயக ஞை் டகன் ஞவபகபீ கிரமீ ;
- (஍) பீபீகபவ ஞககரூககாரீ வக யமீ கூபிவக ஞை், யமீ கூபிவக பூகீபீரூகக விகயகன் டூர்ப, டூர ஞை் ககூக ககூர பீபீக கிரமீம பிபூபவ ககூக ககிரமீ பிபூகரூபூ டூபீய ட, பிபூகி கூபிவக ;
- (ஞ) யமீ கூபிவக ஞககூகாபி கைக ஞை் யமீ கூபிவக கீயா கக பூகூ பூ ககூக ககிரமீயக ஞககூகாபி கைக, டீக பீயக ககூகக ககூகக காரீக வீடீகா பிபூபவ பிபூகூரூக ஞை் ககூகன் ககூகக ககூகக ககூககூபிவ கிரககிரமீவ ககூககி வக ஞகூககே யமீ கூபிவக ;

- 311. பீயவகூம் வககயீயகான காயககன் மட்டுமே "கடுமையானவை"யாக குறித்துரைக்கப்படுகின்றன;
- (அ) ஆண்மையிழத்தல் ;
- (ஆ) இரு கண்களுள் ஒன்றில் நிரந்தரமான பார்வைச் சீர்குலைவு அல்லது பாதிப்பு ;
- (இ) இருசெவிகளுள் ஒன்றில் நிரந்தரமான செவிப்புல சீர்குலைவு அல்லது பாதிப்பு ;
- (ஈ) ஏதேனும் உறுப்பின் அல்லது மூட்டின் சீர்குலைவு ;
- (ஊ) ஏதேனும் உறுப்பின் அல்லது மூட்டின் வலிமைகள் அழிக்கப்படல் அல்லது நிரந்தரப் பாதிப்பு ;
- (஋) தலை அல்லது முகம் நிரந்தரமாக உருக்குலைவு ;
- (஌) எலும்பு, கசியிழைமும் அல்லது பல்வெட்டப்படுதல் அல்லது முறிவு அல்லது எலும்பு மூட்டு அல்லது பல்வின் இடப் பெயர்வு அல்லது தளர்வு ;
- (஍) உயிருக்கு ஆபத்து ஏற்படக்கூடிய ஏதேனும் ஊறு அல்லது எந்த ஊறின் விவகாரமாக இரு தய, வயிற்றில் அல்லது மண்டையோட்டு அறைகள் திறக்கப்பட வேண்டிய சத்திரசிகிச்சையொன்று புரியப்படுகின்றதோ அந்த ஏதேனும் ஊறு ;
- (ஞ) காயப்பட்டவர்களுக்கு ஊறின் காரணமாக அல்லது ஊறினால் அவசியப்படுத்தப்பட்ட ஏதேனும் சத்திரசிகிச்சையால் இருபது நாட்களைக் கொண்டவொரு காலப்பகுதிக்கு கடு

- 311. The following kinds of hurt only are designated as "grievous" :—
- (a) emasculation ;
- (b) permanent privation or impairment of the sight of either eye ;
- (c) permanent privation or impairment of the hearing of either ear ;
- (d) privation of any member or joint ;
- (e) destruction or permanent impairment of the powers of any member or joint ;
- (f) permanent disfiguration of the head or face ;
- (g) cut or fracture, of bone cartilage or tooth or dislocation or subluxation of bone, joint or tooth ;
- (h) any injury, which endangers life or in consequence of which an operation involving the opening of the thoracic, abdominal or cranial cavities is performed ;
- (i) any injury which causes the sufferer to be in severe bodily pain or unable to follow his ordinary pursuits, for a period of twenty days either because of the injury or any operation necessitated by the injury.

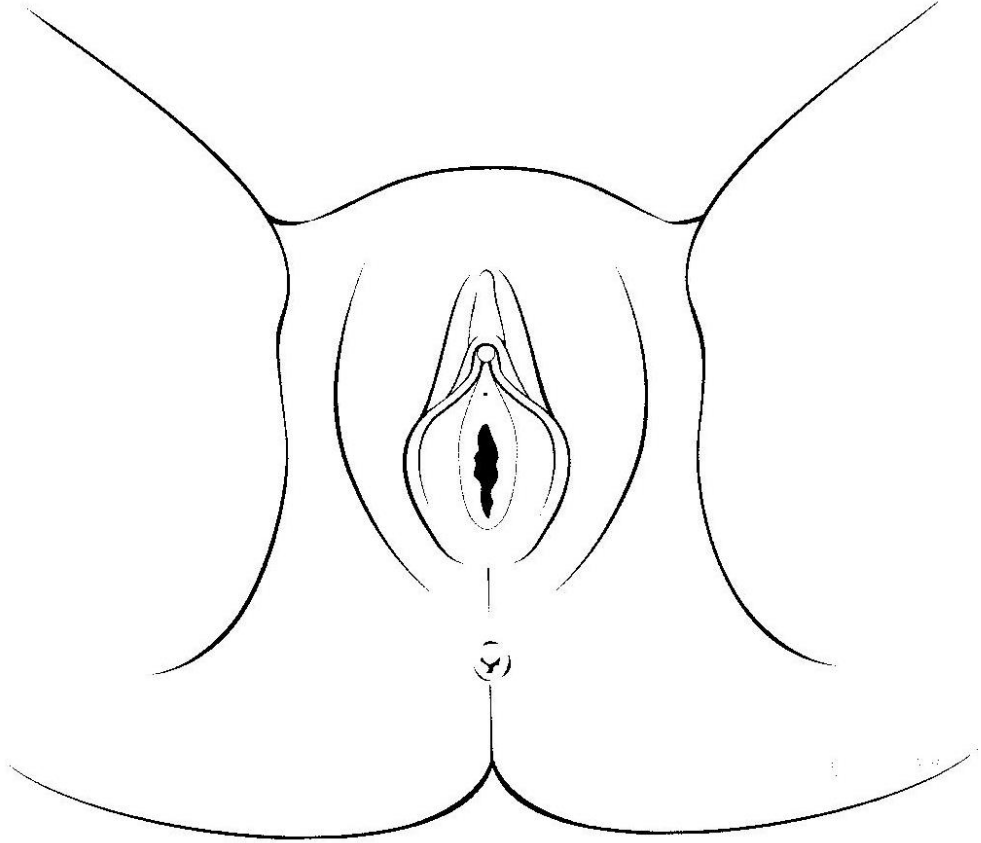
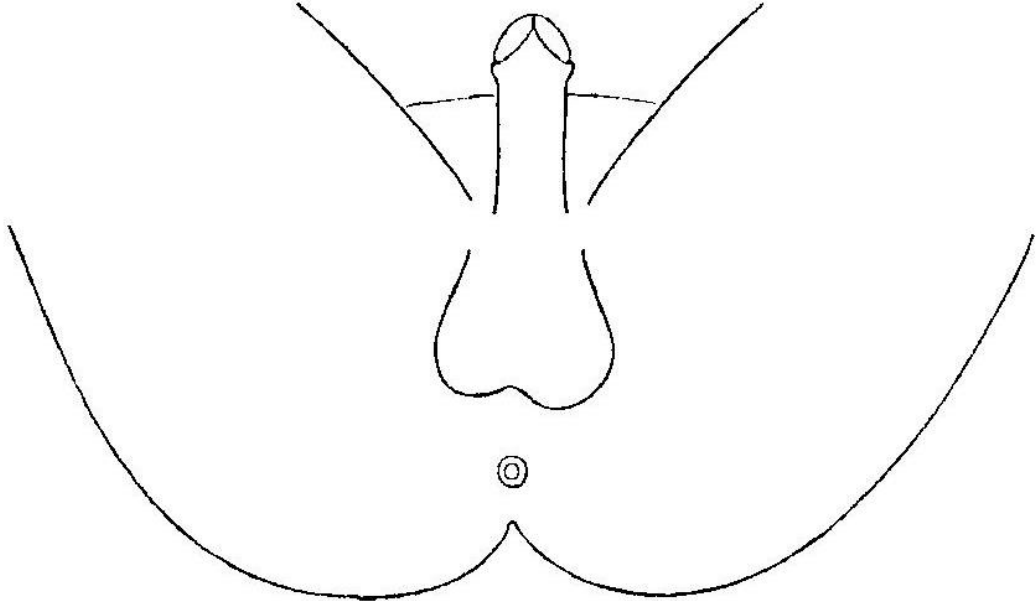


LEFT



Right

Left



පශ්චාත් මරණ වාර්තාව

பிணைச் சோதனை அறிக்கை

POST-MORTEM REPORT

මරණ පරීක්ෂණ අංකය } ස්ථානය } උසාවිය }
பிணைச் சோதனை எண். } இடம் } நீதி மன்றம் }
INQUEST No. } Place } Courts }

දිනය } නඩු අංකය }
திகதி } வழக்கு எண் }
Date } CASE No. }

මියගිය අයගේ සම්පූර්ණ නාමය }
இறந்தவரின் பெயர் }
Name of Deceased Person }

මරණය සිදුවූ වේලාව හා දිනය (දන්නේ නම්) }
இறந்த நேரமும் திகதியும், (தெரிந்திருப்பின்) }
Date and time of Death, (if known) }

පශ්චාත් මරණ පරීක්ෂණය පැවැත්වූ වෛද්‍යවරයාගේ නම }
பிணைப் பரிசோதனை செய்த சுகாதார அధிகாரியின் பெயர் }
Name of Medical Officer who conducted the Post-Mortem Examination }

පශ්චාත් මරණ පරීක්ෂණය පැවැත්වූ දිනය හා වේලාව }
பிணைப்பரிசோதனை செய்த திகதியும் நேரமும் }
Date and time of Post-Mortem Examination }

පශ්චාත් මරණ පරීක්ෂණයක් ඉල්ලා සිටින අයගේ නම සහ තනතුර }
பிணைப்பரிசோதனைக்கு மனுச் செய்த நபரின் பெயரும், பதவியும் }
Name and designation of the Person who requested the Post-Mortem Examination }

දිස්ත්‍රික්කය }
மாவட்டம் }
District }

පරීක්ෂණය පැවැත්වූ ස්ථානය }
பரிசோதனை செய்த இடம் }
Place of Examination }

අදහය හඳුනාගත් අයගේ නම් සහ ලිපිනය }
உடலை அடையாளம் காட்டியவர்களின் பெயரும் }
வිவரமும் }
Names and Addresses of persons who }
identified the body }

පශ්චාත් - මරණ පරීක්ෂණ

பிணச் சோதனை

POST-MORTEM EXAMINATIONS

වෛද්‍ය නිලධාරීන් වෙත උපදෙස්

வைத்திய அதிகாரிகட்கான தகவல்கள்

INSTRUCTIONS TO MEDICAL OFFICERS

- සෑම රපෝර්තුවක්ම, එය උසාවියට ඉදිරිපත් කිරීමට සිදුවිය හැකිය යන පූර්ව නිතමනය ඇතිව ලියන්න. එය කෙටිව, එහෙත් පැහැදිලිව සහ නිරවද්‍යව සකස් කරන්න. හැකි තාක් දුරට තාක්ෂණික පද පාවිච්චි කිරීමෙන් වලකින්න.

செய்வொரு அறிக்கையும் நீதிமன்றத்திற்குக் கொண்டு செல்லப்படக்கூறும் என்பதை மனதிற கொண்டு அதைத் தயாரிக்கவும். அவற்றை குறுகிய தாயும் தெளிவானதாயும், சரியானதாயும் அமைக்குக. கலைச் சொற்கள் பாவிய்பதைக் கூடியளவு தவிர்த்தவும்.

Write every report on the presumption that it may have to come before court ; make it short, but clear and accurate. Avoid, as far as possible the use of technical terms.
- සියලු සිද්ධීන් කාලක්‍රමානුකූලව දක්වන්න. ආරම්භික සාක්ෂි, සහ නිරූපණ වලටත් ගෙන නොදක්වන්න.

எல்லாச் சம்பவங்களையும் காலவரம்புமுறைப்படி விபரிக்கவும். புறம்ப வதந்திரபயமானவைகளை சாட்சியங்கள் உணவையொன்று அறிக்கையில் சேரக்க வேண்டாம்.

State all events in chronological order, but do not report hearsay evidence as facts.
- සියලු තැනැත්තන්ගේ සහ ස්ථානවල නම් සම්පූර්ණයෙන් සඳහන් කරන්න. සියලු දින සහ වැදගත් අංක අකුරින් ලියා දක්වන්න. ඒයඟිය තැනැත්තා/තැනැත්තිය හැදින් ගන්නා සාක්ෂිකරුවන් සහ ඔහු/ඇය අතර නෑ සබඳකමක් වටිනාත් එය සඳහන් කරන්න.

எல்லா நபர்களுமையும, இடங்களினதும் பெயர்களை முழுமையாக எழுதவும் ; எல்லாத் திகதிகளையும், முக்கிய எண்களையும் எழுத்தில் எழுதவும். இறந்தவரை அடையாளம் காட்டுக சாட்சிகள் எந்த வகையில் இறந்தவருக்கு உறவுமுறை என்பதனைக் குறிப்பிடுக.

Write all names of persons and places in full ; express all dates and important numbers in writing. Note the relationships, if any, of the identifying witnesses to the deceased.
- ඔබේ රපෝර්තුව සම්පාදනය කිරීම සඳහා නිරවද්‍ය කටු සටහන් තබා ගන්න. සියලු මාන (දිග පළල ආදිය) මැන සටහන් කරන්න.

உமது அறிக்கையைத் தொகுப்பதற்கான சரியான குறியிடங்களை எடுக்கவும். சகல பரிமாணங்களையும் அளக்கவும்.

Take accurate notes from which to compile your report. Measure all dimensions.
- කුඩාලවල ස්වභාවය හෝ මරණයට හේතු දක්වීමට සමත්විය හැකි කවර හෝ කොටසක්, හැකි තම් පරීක්ෂණයට තබාගන්න. එබඳු ද්‍රව්‍යවලත්, වැඩිදුර පරීක්ෂණය සඳහා ඉදිරිපත් කරන ලද දේවලත් ලැයිස්තුවක් තබාගන්න.

உயிர்வாழ்வு தவிர்த்து, இறப்பிற்கு உதவும் கூடிய எப்பகுதியாவது இருப்பின் முடியுமானால் அதைப் பத்திரப்படுத்தவும். அத்தகைய பொருட்களினதும், மேலதிக பரிசோதனைக்காக சமர்ப்பிக்கப்பட்ட பொருட்களினதும் விபரணம் அடங்கிய ஒரு பட்டியல் தயாரிக்கவும். பொலீஸாரிடம் கையளிக்கப்பட்ட எந்த ஒரு வஸ்துவය்கும் அவர்களிடமிருந்து பற்றுச் சீட்டுப் பெற்றுக்கொள்ளவும்.

Preserve, if possible, any part which may help in demonstrating the nature of injuries on the cause of death. Make a list of all such material, and also of articles submitted for further examination. Obtain a receipt for any items handed over to the Police.
- රපෝර්තුව අවසානයේදී ඔබගේ නිගමනය දැනුම් දක්වන්න.

அறிக்கையின் இறுதியில் உமது தீர்மானங்களைச் சுருக்கமாகக் கூறவும்.

State your conclusions briefly at the end of the report.
- වෙපහන්ව කීමක තත්ත්වය එසේම උපුටා කරන්න. ඔබේ සිතට කාවච්චිත අදහස්, හැඟීම්, අවදානම් සහ සඳ්චාරාත්මක මත (දනවයා අලංකාර) ආදිය ඇතුළත් කිරීමෙන් වලකින්න.

உயிர்ப்படுத்தல் ; உணர்வுகளின் பிரணம், கருத்துக்கள், யோசனைகள் எதர்ப்பங்களினதான நடத்தை பற்றிக் குறிப்பிடல் ஆகியவற்றைத் தவிர்த்தவும்.

Avoid superlatives, epithets of feeling, impressions, speculations and references to moral circumstances.
- කුඩාල පිළිබඳ රූපසටහන් වාර්තාවක් තබා ගැනීමට හැකිවන පරිදි අංක 1135 ආකෘති පත්‍රය මෙම ආකෘති පත්‍රයට අනුකූලව පාවිච්චි කළ යුතුය.

கூடியவர்களின் வரைபடங்களில் குறிப்பதற்கு இப் படியத்தளைக் கோதாரம் 1135 A படியத்தையும் உபயோகிக்கலாம்.

Form Health 1135A may be used in conjunction with this form to make a diagrammatic record of injuries
- ඔබගේ රපෝර්තුව සම්පාදනය වනවිට, පිටපතක් ලෙස තබාගෙන, හැකි පමණ ඉක්මනින් පිටපත් කොට හරින්න.

உமது அறிக்கையைத் தொகுத்து அதில் உயிர்ப்பிட்ட ஒரு பிரதியை வைத்துக் கொண்டு மற்றையதை உடுக அனுப்பவும்.

Compile your report and transmit it as soon as possible, keeping a copy for yourself.

1. ස්ථලයේ පරීක්ෂණය—
 (දේහය ඇති ස්ථානය හා ආකාරය)
 ස්ථලය පරීක්ෂණය (உடலின் இடமும் நிலையும்)
 Examination of the locus (Site and
 position of body)

2. දේහයේ බාහිර පරීක්ෂාව (ඇඳුම,
 පෝෂණය, පැහැය, ලකුණු සහ රෝගී
 ලක්ෂණ)
 බාහිර පරීක්ෂණය (உடைகள், போசண, குறிகள், நோயின் அடையாளங்களும் மற்றையனவும்)
 External Examination of body (clothing,
 nourishment, colour, marks and products of
 disease, etc.)

3. ආර්ථ (මරණයට පළමුව හෝ පසුව කරන
 ලද) (අවශ්‍ය නම් සන්නාහිකා කොටසක්
 සහ සෞඛ්‍ය 1135 ඒ ආකෘතියක් පාවිච්චි
 කරන්න)

කායකයන් (මරණයට පෙර හෝ පසුව)
 පිණිස (අවශ්‍ය නම් සන්නාහිකා කොටසක්
 සහ සෞඛ්‍ය 1135 ඒ ආකෘතියක් පාවිච්චි
 කරන්න)

Injuries (inflicted before or
 after death) (Use continu-
 ation sheet, and Health
 1135 A if necessary)

- 4. உயரம் (அளக்கல்)
உயரம் (அளக்கல்)
Height (By measurement)
- 5. வயது (அளக்கல்)
வயது (அளக்கல்)
Age (estimated when relevant)
- 6. பாலம்
Sex
- 7. கண்களும் பார்வைகளும்
Eyes and pupils
- 8. நெய்தலின் நீளம், நிறம் மற்றும் நிலை
Length, colour and condition of hair
- 9. மூலக்காயின் நிலைமை
Position and condition of tongue
- 10. தந்தின் எண்ணிக்கை (முழுமையானது, முழுமையற்றது, கிட்டி, சிறப்பம்சம்)
Number of teeth (Complete, incomplete, peculiarities)
- 11. இறப்பு குறிகள்—
(இறப்பு குறிகள் அல்லாத இடங்களில் பதிவு செய்ய வேண்டும்)
Signs of death
(Record temperature where necessary)
- முதலாம் நிலைமையின்
Primary flaccidity
- இரண்டாம் நிலைமையின்
Rigor Mortis
- மூன்றாம் நிலைமையின்
Hypostasis
- நான்காம் நிலைமையின்
Putrefaction
- 12. கைகளின் நிலைமை மற்றும் கைகளின் கண்களின் நிலைமை
Condition and contents of hands and nails

- (ii) புல (குல, அழிவியை ஸக கலயர்லுல)
 - எலும்புகள் (லிலுலெலும்பு, ஡ெலு
 - செலும்பு முள்ளந்தண்டெலும்பு)
 - Bones (ribs, sternum, vertebrae)
- (iii) பழ ஡ுலய(஁னரீயலயல் ஡ெலீல,
 - லுலிய ஡ுலயல ஡ுலயல ஡ுலயல
 - ஡ெலுசுல (஡ுலயலுல ஡ுலயலுல, ஡ுலயலுல ஡ுலயலுல ஡ுலயலுல)
 - Chest cavity (position of organs, contents of pleural cavities)
- (iv) பலகலயல ஸக ஡ுல ஡ுலயல ஡ுல
 - ஡ுல ஡ுலயல ஡ுல ஡ுல ஡ுல
 - Pericardium and its contents
- (v) ஡ுல (஡ுல ஸக ஡ுலயல ஡ுல,
 - ஡ுல, ஡ுல, ஡ுல)
 - ஡ுலயல (஡ுல ஡ுல ஡ுல ஡ுல, ஡ுலயல ஡ுல ஡ுல ஡ுல)
 - Heart (cavities and contents, valves myocardium)
- (vi) ஡ுல ஡ுல
 - ஡ுல ஡ுல ஡ுல ஡ுல
 - Coronary vessels
- (vii) ஡ுல ஡ுல ஡ுல
 - ஡ுல ஡ுல ஡ுல ஡ுல
 - Large blood vessels
- (viii) ஡ுல, ஡ுல ஸக ஡ுல
 - (஡ுல ஡ுல ஡ுல ஡ுல)
 - ஡ுல, ஡ுல, ஡ுல, ஡ுல, ஡ுல, ஡ுல
 - Larynx, trachea and bronchi (condition and contents)
- (ix) ஡ுல ஡ுல ஡ுல
 - ஡ுல ஡ுல ஡ுல ஡ுல
 - Pleura and Lungs
- (x) ஡ுல
 - ஡ுல
 - Gullet
- ஡ுல
 - ஡ுல
 - Abdomen
- (i) ஡ுல ஡ுல ஡ுல ஡ுல ஡ுல ஡ுல
 - ஡ுல, ஡ுல, ஡ுல, ஡ுல, ஡ுல
 - Content, vessels and position of organ
- (ii) ஡ுல
 - ஡ுல
 - Peritoneum
- (iii) ஡ுல
 - ஡ுல
 - Diaphragm
- (iv) ஡ுல ஡ுல ஡ுல
 - ஡ுல ஡ுல ஡ுல
 - Liver and Gall Bladder
- (v) ஡ுல
 - ஡ுல
 - Spleen
- (vi) ஡ுல (஡ுல ஡ுல ஡ுல ஡ுல)
 - ஡ுல (஡ுல ஡ுல ஡ுல)
 - Stomach (condition and contents)

- (vii) குவதீய, அநாயககய, ஸ்டீனீய
(கன்கலீய கல அந்கலீய கல)
முன்கீறுகூடல், யீன்கீறுகூடல், கருடகூடல்
(நீலீயமயும் உணகடக்கமும், உணகலு
யானதயுடன கம்பநதம்படலவயில்)
Duodenum, jejunum, ileum (con-
dition and contents; where rele-
vant passage of food)
- (viii) லக அந்குல (கன்கலீய கல
அந்கலீய கல)
பெருககூடல். (நீலீயமயும் உணகடக்கமும்)
Large intestines (condition and
contents)
- (ix) அந்கலீய
கல
Pancreas
- (x) கீன்கலீய
கீன்கலீய
Kidneys
- (xi) லகீ—லகீய குவலீ
கீன்கலீய கல
Supra-renal glands
19. குவலீய—
கீன்கலீய—
Pelvis—
- (i) குவலீய கல கல கல
(கன்கலீய கல அந்கலீய கல)
கீன்கலீய கல கல கல கல கல கல
(நீலீயமயும் கலக்கமும்)
Urinary bladder prostate (Con-
dition and contents)
- (ii) கல கல
கல கல கல
Generative organs
- (iii) கல கல
கல கல கல
Blood vessels
- (iv) கல கல கல கல கல கல
கல கல கல கல கல கல கல
கல கல கல கல கல கல கல
Vertebrae and pelvic bones

20. මරණයට හේතුව සහ අනෙක් අදාළ මත
 மரணத்தின் காரணம் மற்றைய பிரயோசன
 மான கருக்களையும்
 Cause of death and other relevant opinion

සේවාත් මරණ පරීක්ෂණ ලේඛණයේ අනුක්‍රමික අංකය
 பிணை போஸ்திணை பதிவுப் புத்தகத்தின் இலக்கம்
 Post-Mortem register Serial Number

දිනය/திசைதி/Date

වෛද්‍යවරයාගේ අත්සන, පුද්ගලික සහ තනතුර.
 வைத்திய அதிகாரியின் கையொப்பம், பட்டம், பதவி.
 Signature, qualifications and Designation
 of Medical Officer.

මරණ පරීක්ෂකගේ/මගේ/මාගේ විචාරය
 விசாரணையாளரின் முடிவுறுதியை தீர்ப்பு
 Verdict of the Inquirer/Magistrate.

දෙන ලදී. වර්ෂයේ මස දින දි මා ඉදිරිපිට දිවුරුම්

..... වර්ෂයේ මස දින දි මා ඉදිරිපිට දිවුරුම්

..... මාගේ ප්‍රධානියාගේ මාගේ ප්‍රධානියාගේ මාගේ ප්‍රධානියාගේ

As signed & sworn to before me at on this day of
 සත්‍ය පිටපත.
 உண்மை பிடிப்பு
 "True Copy"

මරණපරීක්ෂක/මගේ/මාගේ විචාරය. / விசாரணையாளர் முடிவுறுதியை. / Inquirer/Magistrate.
 විද්‍යුත් පරීක්ෂණය හෝ විශ්ලේෂණය හෝ සඳහා ගන්නා ලද ද්‍රව්‍ය ලැයිස්තුව
 மேலதிக பரிசீலனைக்கோ, அல்லது பர්යூகணம் செய்து பொருட்களின் பட்டியல்.
 List of articles secured for further examination or for analysis

සටහන් :
 குறிப்பு :
 Notes :

පශ්චාත් මරණ වාර්තාව

பிணச் சோதனை அறிக்கை

POST-MORTEM REPORT

මරණ පරීක්ෂණ අංකය }
யாணசோதனை எண். }
INQUEST No. }
ස්ථානය }
இடம் }
Place }
උසාවිය }
நீதி மன்றம் }
Court }

දිනය }
திகதி }
Date }
නඩු අංකය }
வழக்கு எண் }
CASE No. }

මියගිය අයගේ සම්පූර්ණ නාමය }
இறந்தவரின் பெயர் }
Name of Deceased Person }

මරණය සිදුවූ වේලාව හා දිනය (දන්නේ නම්) }
இறந்த நேரமும் திகதியும், (தெரிந்திருப்பின்) }
Date and time of Death, (if known) }

පශ්චාත් මරණ පරීක්ෂණය පැවැත්වූ ජ්‍යෙෂ්ඨ වෛද්‍යවරයාගේ නම }
பிணப் பரிசோதனை செய்த சுவස்திய அதிகாரியின் பெயர் }
Name of Medical Officer who conducted the Post-Mortem Examination }

පශ්චාත් මරණ පරීක්ෂණය පැවැත්වූ දිනය හා වේලාව }
பிணப்பரிசோதனை செய்த திகதியும் நேரமும் }
Date and time of Post-Mortem Examination }

පශ්චාත් මරණ පරීක්ෂණයක් ඉල්ලා සිටින අයගේ නම සහ තනතුර }
பிணப்பரிசோதனைக்கு மனுச் செய்த நபரின் பெயரும், பதவியும் }
Name and designation of the Person who requested the Post-Mortem Examination }

දිස්ත්‍රික්කය }
மாவுட்டம் }
District }

පරීක්ෂණය පැවැත්වූ ස්ථානය }
பரிசோதனை செய்த இடம் }
Place of Examination }

දේහය හඳුනාගත් අයගේ නම සහ ලිපිනය }
உடலை அடையாளம் காட்டியவர்களின் பெயரும் }
வිவரமும் }
Names and Addresses of persons who }
identified the body }

පශ්චාත් - මරණ පරීක්ෂණ

பிணச் சோதனை

POST-MORTEM EXAMINATIONS

වෛද්‍ය නිලධාරීන් වෙත උපදෙස්

கவத்திய அந்காரிகடகான தகவல்கள

INSTRUCTIONS TO MEDICAL OFFICERJ

- සෑම රපෝර්තුවක්ම, එය උසාවියට ඉදිරිපත් කිරීමට සිදුවිය හැකිය යන පූර්ව නිගමනය ඇතිව ලියන්න. එය කෙටිව, එහෙත් පැහැදිලිව සහ නිරවද්‍යයව සකස් කරන්න. හැකි තාක් දුරට තාක්ෂණික පද පාවිච්චි කිරීමෙන් වලකින්න.

செய்வொரு அறிக்கையும் நீதிமன்றத்திற்குக் கொண்டு செல்லப்படக்கூறும் என்பதை மனதிற கொண்டு அதைத் தயாரிக்கவும். அவற்றை குறுகிய தாயும் தெளிவானதாயும், சரியானதாயும் அமைக்குக. கலைச் சொற்கள் பாவிப்பதைக் கூடியளவு தவிரிக்கவும்.

Write every report on the presumption that it may have to come before court ; make it short, but clear and accurate. Avoid, as far as possible the use of technical terms.
- සියලු සිදුවීම් කාලනුචානව දක්වන්න. ආරම්භානු සාක්ෂි, සත්‍ය කරුණු වශයෙන් ගෙන නොදක්වන්න.

எல்லாச் சம்பவங்களையும் காலவரம்புமுறைப்படி விபரிக்கவும். புறம்ப வதந்திரபுரமானவைகளை சாட்சியங்களாக உணராமையோன்று அறிக்கையில் சேர்க்க வேண்டாம்.

State all events in chronological order, but do not report hearsay evidence as facts.
- සියලු තැනැත්තන්ගේ සහ ස්ථානවල නම් සම්පූර්ණයෙන් සඳහන් කරන්න. සියලු දින සහ වැදගත් දාන දැක්වීමට ලියා දක්වන්න. මියගිය තැනැත්තා/තැනැත්තිය හැදින්වීම සාක්ෂිකරුවන් සහ ඔහු/ඇය අතර නැ සබඳකමක් වෙතොත් එය සඳහන් කරන්න.

எல்லா நபர்களுடையதும், இடங்களினதும் பெயர்களை முழுமையாக எழுதவும் ; எல்லாத் திகதிகளையும், முக்கிய எண்களையும் எழுத்தில் எழுதவும். இறந்தவரை அடையாளம் காட்டும் சாட்டுகளை எந்த துணையில் இறந்தவருக்கு உறவுமுறை என்பதைக் குறிப்பிடுக.

Write all names of persons and places in full ; express all dates and important numbers in writing. Note the relationships, if any, of the identifying witnesses to the deceased.
- මෙහි රපෝර්තුව සම්පාදනය කිරීම සඳහා නිරවද්‍ය කටු සටහන් තබා ගන්න. සියලු මාන (දිග පළල ආදිය) මැන සටහන් කරන්න.

உமது அறிக்கையைத் தொகுப்பதற்கான சரியான குறிப்புகளை எடுக்கவும். சகல பரிமாணங்களையும் அளக்கவும்.

Take accurate notes from which to compile your report. Measure all dimensions.
- කුඩාලවල ස්වභාවය හෝ මරණයට හේතු දක්වීමට සමත්විය හැකි කවර හෝ කොටසක්, හැකිවන පරිස්මණයට තබාගන්න. එබඳු ද්‍රව්‍යවලින්, වැඩිදුර පරීක්ෂණය සඳහා ඉදිරිපත් කරන ලද දේවලින් ලැයිස්තුවක් තබාගන්න.

உயிர்விலகி உறුණු உடலின் பகுதிகளை, இறப்பிற்கு உதவும் உடைய எப்பகுதியாவது இருப்பின் முடியுமானால் அதைப் பத்திரப்படுத்தவும். அதற்கைய பொருட்களினதும், மொத்த பரிசோதனைக்காக சமාபிக்கப்பட்ட பொருட்களினதும் விபரணம் அடங்கிய ஒரு பட்டியலை தயாரிக்கவும். பொலீසாரிடம் கையளிக்கப்பட்ட எந்த ஒரு வஸதையும் அவர்களிடமிருந்து பற்றுச் சீட்டுப் பெற்றுக்கொள்ளவும்.

Preserve, if possible, any part which may help in demonstrating the nature of injuries on the cause of death. Make a list of all such material, and also of articles submitted for further examination. Obtain a receipt for any item handed over to the Police.
- රපෝර්තුව අවසානයේදී ඔබගේ නිගමනය දැනුම් දක්වන්න.

அறிக்கையின் இறுதியில் உமது தீர்மானங்களைச் சுருக்கமாகக் கூறவும்.

State your conclusions briefly at the end of the report.
- පෙනෙන්ව කිවහොත් තත්වය එසේම විස්තර කරන්න. මෙහි සිතව කාවචිත අදහස්, හැඟුම්, අදහස් සහ සද්වාරාත්මක මත (අනවශ්‍ය අලංකාර) ආදිය ඇතුළත් කිරීමෙන් වලකින්න.

உயிர்ப்படுத்தல் ; உணர்வுகளின் பிரயෝகம், கருத்துக்கள், யோசனைகள் சந்தர்ப்பங்களிலான நடத்தை பற்றிக் குறிப்பிடல் ஆகியவற்றைத் தவிரக்கவும்.

Avoid superlatives, epithets of feeling, impressions, speculations and references to moral circumstances.
- කුඩාල පිළිබඳ රූපයටහන් වාර්තාවක් තබා ගැනීමට හැකිවන පරිදි පොට්ටය 1135අ ආකෘති පත්‍රය මෙම ආකෘති පත්‍රයට අනුකූලව පාවිච්චි කළ යුතුය.

கவல்களின் வரைபடங்களாக் குறிப்பதற்கு இப் படிவத்தடைகளை சகாதாரம் 1135 A படிவத்தையும் உபயோகிக்கலாம்.

Form Health 1135A may be used in conjunction with this form to make a diagrammatic record of injuries
- ඔබගේ රපෝර්තුව සම්පාදනය නොව, පිටපත් ලෙස තබාගෙන, හැකිවන තාක් ඉක්මනින් පිටපත් කොට හරින්න.

உமது அறிக்கையைத் தொகுத்து அதில் உட்பிரிவும் ஒரு பிரதியை கவத்திக் கொண்டு மற்றையதை உடனே அனுப்பவும்.

Compile your report and transmit it as soon as possible, keeping a copy for yourself.

1. **பெற்றோர் பரிசீலனை—**
 (உடலின் அளவு, அமைவிடம், இடம், நிலைமை)
 Examination of the locus (Site and position of body)

2. **உடலின் வெளிப்புற பரிசீலனை (உடலின் வெளிப்புற பரிசீலனை)**
 உடலின் வெளிப்புற பரிசீலனை (உடலின் வெளிப்புற பரிசீலனை)
 External Examination of body (clothing, nourishment, colour, marks and products of disease, etc.)

3. **காயங்கள் (உடலின் வெளிப்புற பரிசீலனை)**
 (உடலின் வெளிப்புற பரிசீலனை) (உடலின் வெளிப்புற பரிசீலனை)
 Injuries (inflicted before or after death) (Use continuation sheet, and Health 1135 A if necessary)

காயங்கள் (உடலின் வெளிப்புற பரிசீலனை)
 Injuries (inflicted before or after death) (Use continuation sheet, and Health 1135 A if necessary)

Injuries (inflicted before or after death) (Use continuation sheet, and Health 1135 A if necessary)

- 4. உயரம் (மேலிலே) }
உயரம் (அளந்த குறிக்கவும்)
Height (By measurement)
- 5. வயது (முக்கியமாக உடலுக்கு உரியது) }
வயது (முக்கியமாக உடலுக்கு உரியது)
Age (estimated when relevant)
- 6. பாலம் }
Sex
- 7. கண்களும் கண்ணாடிகளும் }
Eyes and pupils
- 8. கையிலிருந்து நீளம், நிறம், நிலை }
Length, colour and condition of hair
- 9. மூலக்காயின் நிலைமை }
Position and condition of tongue
- 10. தந்தின் எண்ணிக்கை (முழுமையானது, முழுமையற்றது, விசித்திரமானது) }
Number of teeth (Complete, incomplete, peculiarities)
- 11. மரணத்தின் அடையாளங்கள் }
(மரணத்தின் அடையாளங்கள்)
மரணத்தின் அடையாளங்கள் }
(மரணத்தின் அடையாளங்கள்)
Signs of death }
(Record temperature where necessary)
- முக்கியமான அடையாளங்கள் }
Primary fluidity
- மரணத்தின் அடையாளங்கள் }
Rigor Mortis
- கொடுமையின் நிலைமை }
Hypostasis
- புரளிதன்மை }
Putrefaction
- 12. கைகளின் நிலைமை }
Condition and contents of hands and nails

- (vii) குவாசிய, அழிவுநிலை, சூட்டியல்
(கைநிலை சහ அந்நிலை அடி)
முன்கிழகுநிலை, பின்ன்கிழகுநிலை, அருகருகி
(நிலைமையும் உணவுக்களமும், உணவும்
பாசனத்தையும் சம்பந்தப்படுத்தலாக)
Duodenum, jejunum, ileum (con-
dition and contents; where rele-
vant passage of food)
- (viii) மல அழிவு (கைநிலை சහ
அந்நிலை அடி)
பெருங்குடல். (நிலைமையும் உணவுக்களமும்)
Large intestines (condition and
contents)
- (ix) அழிவுநிலை
அழிவு
Pancreas
- (x) மூலம்
மூலம்
Kidneys
- (xi) அருகருகி—அழிவு
மூலம் அழிவு
Supra-renal glands
- 19. அழிவு—
அழிவு—
Pelvis—
- (i) மூலம் சහ அருகருகி
(கைநிலை சහ அந்நிலை அடி)
மூலம் அருகருகி அழிவு
(நிலைமையும் அருகருகி)
Urinary bladder prostate (Con-
dition and contents)
- (ii) அழிவு
அழிவு அழிவு
Generative organs
- (iii) அருகருகி
அருகருகி
Blood vessels
- (iv) அருகருகி சහ அழிவு அடி
அருகருகி அழிவு அழிவு
Vertebrae and pelvic bones

20. මරණයට හේතුව සහ අනෙක් අදාළ මත
 மரணத்தின் காரணம் மற்றைய பிரயோசன
 மான கருக்களும்
 Cause of death and other relevant opinion

සේවාත් මරණ පරීක්ෂණ ලේඛණයේ අනුක්‍රමික අංකය
 பிணை பிளவுப்பை பதிவுப் புத்தகத்தின் இலக்கம்
 Post-Mortem register Serial Number

දිනය/திசை/Date

වෛද්‍යවරයාගේ අත්සන, පුද්ගලික සහ තනතුර.
 வைத்திய அதிகாரியின் கையொப்பம், பட்டம், பதவி.
 Signature, qualifications and Designation
 of Medical Officer.

මරණ පරීක්ෂකගේ/මගේ/මාගේ කියවීමේ
 விசாரணையாளரின் /நீதிபதியின் /தீர்ப்பு
 Verdict of the Inquirer/Magistrate.

..... වර්ෂයේ මස දින දී මා ඉදිරිපිට දිවුරුම්.....
 දෙන ලදී.
 වැලැඳීම බාලතම නිකම්
 ආභාද ලක්ෂණයකින් ආභාද වර්ධනය වූ පසු
 Affirmed upon to before me at on this
 day of

සත්‍ය පිටපත.
 உண்மை நகல்
 "True Copy"

මරණපරීක්ෂක/මගේ/මාගේ/.....
 විද්‍යුත් පරීක්ෂණය හෝ විශ්ලේෂණය හෝ සඳහා ගන්නා ලද ද්‍රව්‍ය ලැයිස්තුව
 மேலதிக பரிசீலனைக்கோ, அல்லது பரம்புகள்கோ பெற்றுப் பெறப்படக்கூடிய பட்டியல்.
 List of articles secured for further examination or for analysis

සටහන් :
 குறிப்பு :
 Notes :



DEPARTMENT OF FORENSIC MEDICINE
 FACULTY OF MEDICINE
 UNIVERSITY OF PERADENIYA
 SRI LANKA



TEL: 081-2388083 / 2392151 FAX: 081-2389106

.....

Our Ref No. :

The Govt. Analyst
 Isuru Mawatha
 Pelawatta
 Battaramulla

Please examine the under mentioned specimens sent and advice me on the results of your examination quoting my reference number and the date appearing in this form.

Name of deceased : DEPARTMENT OF FORENSIC MEDICINE

Age/ Sex : FACULTY OF MEDICINE

Date of Death : UNIVERSITY OF PERADENIYA

Date of collection of specimen : PERADENIYA

Police area :

Relevant history :

Relevant Post-mortem findings :

Cause of Death :

Poisons suspected : DEPARTMENT OF FORENSIC MEDICINE

Specimens :

- A
- B
- C
- D
- E
- F

Specimen seal

Name, Designation & Signature of Medical Officer

Department of Forensic Medicine, Faculty of Medicine, University of Peradeniya
Request for processing of specimens for histopathological purposes

| | | | |
|----------|--------|---------|---------|
| | Urgent | Routine | Storage |
| Judicial | | | |
| Academic | | | |

To be completed by doctor:

PM No.:

Date of autopsy:

Name of deceased:

Relevant history:

Relevant macroscopic appearances:

Probable Cause of Death. :.....

Organs from which tissues were taken:

| <i>Organ</i> | <i>No. of tissue</i> | <i>Organ</i> | <i>No. of tissue</i> | <i>Organ</i> | <i>No. of tissue</i> |
|--------------|----------------------|--------------|----------------------|--------------|----------------------|
| | | | | | |
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Special procedure/request

.....
 Name & signature of doctor

To be completed by TO:

Production number:

Date of accepting specimen:

.....
 Name and signature of technical officer

.....
Date of cut up

Date of receipt

Slide no.

Microscopic appearance

Diagnosis

Date

වෛද්‍ය පර්යේෂණායතනය
MEDICAL RESEARCH INSTITUTE
නිදර්ශකය පරීක්ෂාකිරීම ඉල්ලීම
REQUEST FOR EXAMINATION OF SPECIMEN

අනු අංකය]
Serial No.]

ඇ.ඉ.ව. අංකය] වාට්ටුව]
BHT No.] Ward No.]

රෝගියාගේ නම]
Patient's Name]

ඇඟේ අංකය]
Bed No.]

රැකියාව] ස්ත්‍රී පුරුෂ භාවය] වයස]
Occupation] Sex] Age]

ඉල්ලන ලද පරීක්ෂණය සහ යවන ලද නිදර්ශකය]
Material and Examination requested]

නිදර්ශකය ගත් දිනය] වේලාව]
Date of collection] Time]

ශායනික ඉතිහාසය (සම්පූර්ණ ශායනික ඉතිහාසය රජයායතනාරයේ දී රෝග විනිශ්චය සාදාදීමේ අපහසු කිරීමට ඉඩසල් වෙනවා ඇත.) / Clinical history (a full clinical history will facilitate laboratory diagnosis).

වෛද්‍ය නිලධාරියාගේ අත්සන.
Signature of Medical Officer.

ලිපිනය]
Address]

දිනය]
Date]

අංශක අංකය] දිනය] වේලාව]
Institute No.] Date] Time]

සාරගත්තේ]
Received by]

සටහන]
Remarks]

කුණ්ඩලයේ දී පිරවීම සඳහා
To be filled in at the counter

රසායනාගාරයේ පාවිච්චිය සඳහා පමණක්
Laboratory use only

රසායනාගාර අංකය හා දිනය
Laboratory No. and Date

පාරගන්වන්නේ
Received by

රසායනාගාර සටහන් / Laboratory Notes

අත්සන / Signature

නිදර්ශකය ගැන වාර්තාව
Report on Specimens

වාර්තාව පරීක්ෂා කළේ
Report checked by

යවන ලද දිනය
Sent on

JUDICIAL AUTOPSY

OBSERVATION OF POST MORTEM EXAMINATIONS

| Serial no. | Postmortem no. | Date | Name of supervisor | Signature |
|------------|----------------|------|--------------------|-----------|
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ASSISTING AT POSTMORTEM EXAMINATIONS

| Serial no. | Postmortem no. | Date | Name of supervisor | Signature |
|------------|----------------|------|--------------------|-----------|
| | | | | |
| | | | | |

SKELETAL PRODUCTION

Specimen no:

Date:

Time:

Place:

Supervised by:

Referred by:

Police station:

History:

Sample:

Sealed: Seals -Intact/not intact

Description of wrapping:

Sketch drawing of the parcel:

Contents

Human remains; yes /no

Reasons

List and Number each human remain

Animal remains; yes/ no
(Separate Animal remains)

Other Contents e.g. Slippers, clothes (specify and give serial numbers)

State of putrefaction: (moderate /advanced/ not applicable)

Skeletonized yes/ no Mummified – yes/no

Minimum number of Individuals (MNI)

Give Reasons

Gender

Skull

Pelvis

Other evidence of gender

Discussion

Conclusion of Gender

Age

Skull

Teeth

Symphysis pubis

Evidence of ossification centers

Other evidence of age

Discussion

Conclusion

Estimated stature

Method used

Discussion

Conclusion

Time since death

Indicators

Discussion

Conclusion

| Injuries identified | Opinion |
|---------------------|---------|
| | |
| | |
| | |
| | |

Cause of death (if Possible)

Reasons

Special techniques recommended for specific identification

Sample sent to other units

| Sample | Unit sent | By whom |
|--------|-----------|---------|
| | | |
| | | |
| | | |
| | | |

COURT VISITS
(Minimum one visit

| Date | Case number | Signature of accompanying staff member |
|-------------|--------------------|-------------------------------------------------------|
| | | |
| | | |

Ethics professionalism and critical thinking

Answer the following questions based on the movie “50-50”

- a. Identify behaviours which demonstrate lack of empathy of doctors for the patients at the first consultation
- b. Identify unethical behavior of the therapist
- c. What ethical issues could arise as a result of a dual relationship* with a patient?
- d. What would amount to bad news in healthcare situations?
Why is it important to learn the skill of breaking bad news empathetically?
What are the barriers to breaking bad news effectively
How can breaking bad news appropriately help the patients?
How can learning the proper way of breaking bad news help the doctor?
Strategies for breaking bad news (SPIKES model)

*This could occur when your patients are your friends, relatives or colleagues

Answer the following questions based on the movie “First do no harm”

- a. Who is an autonomous agent
- b. What are the limits to autonomy in the healthcare setting?

Answer the following questions based on the movie – “The doctor”

- a. How can you be sensitive to patients’ needs for privacy and respect during teaching ward rounds?
- c. When is humor appropriate/inappropriate in the medical setting?
- d. What are the challenges faced by doctor in balancing their work and home lives?
- e. What strategies can doctors use to protect their personal time?

You have been requested to assess a scientific paper to determine suitability for publication in a scientific journal (Article to be provided)

You have been requested to review a proposal which has been sent for Ethics approval to the faculty ethics review board (Student to review each other’s research proposals)

**STUDENT NOTES ON
ETHICS/PROFESSIONALISM/CRITICAL THINKING**

EVALUATION OF PROFESSIONAL AND PERSONAL ATTRIBUTES OF STUDENTS

Name of student

Batch No.

Name of tutor

Group No.

Tutor's signature

Please comment constructively on each attribute in the appropriate cage

1. Reliability, responsibility and attitude to learning

| | |
|------------------------------------------------|--|
| Fulfills responsibilities in a reliable manner | |
| Completes assigned tasks | |
| Contributes to discussions | |
| Actively participates in team activities | |

2. Self improvement and adaptability

| | |
|------------------------------------------------------------|--|
| Accepts constructive feedback | |
| Recognizes limitations and seeks help | |
| Respectful of colleagues and patients | |
| Incorporates feedback in order to make changes in behavior | |
| Adapts to change | |

3. Relationship with students, staff and patients

| | |
|----------------------------------------------------------------------------------|--|
| Establishes rapport | |
| Sensitive to the needs of patients | |
| Pays attention to issues such as consent, confidentiality and privacy | |
| Establishes and maintains appropriate boundaries in work and learning situations | |
| Relates well to fellow students in a learning environment | |
| Relates well to staff in a learning environment | |

4. Attendance during the clinical appointment _____

5. Participation – Debating / Presentation

I have neither participated in nor witnessed any acts of academic dishonesty pertaining to this appointment.

(Signature of student)
Lecturers' Remarks

EVALUATION

| Component | Grade/mark | Signature of examiner |
|----------------------------------------------------------------|------------|-----------------------|
| Examination of clinical cases | | |
| Judicial autopsy | | |
| Medical ethics | | |
| Skeletal survey | | |
| Evaluation of professional and personal attributes of students | | |
| OSPE | | |

To be completed by the Head of Department

Comment

Signature

**Prepared by; Dr. Deepthi Edussuriya
Updated on 08/11/2018**