

Medico legal Examination Form for Burn Injured person

Burn Injury Form

Serial No.....

FIR No.....

Date of Examination.....

Time of Examination.....

Name.....

Age.....

Sex.....

D S/W/O.....

Address.....

Identification marks 1-.....

2-.....

Brought By.....

Consent (If necessary)

History and alleged cause of Injury

History given by Injured/ accompanying person

Name of the accompanying person.....

Relation with Injured.....

General Physical Examination

• Is this the first examination.....

• Pulse..... B.P.....

• Temp..... Resp. Rate.....

• Pupils.....

• Any observation in terms of general physical wellbeing of the survivor

.....

3  
Details of Injuries .....

Number of additional sheets if any .....

Percentage of Burn

| Part            | Percentage |
|-----------------|------------|
| Anterior Head   |            |
| Posterior Head  |            |
| Anterior Torso  |            |
| Posterior Torso |            |
| Right Arm       |            |
| Left Arm        |            |
| Right Leg       |            |
| Left Leg        |            |
| Perineum        |            |
| Total           |            |

Whether admitted or not: Admitted/ Observation/ Outpatient/ Expired in casualty/ Referred.

Opinion: Could be/ could not be as alleged

Type of Burn: Thermal/Corrosive

Nature

Duration

Refer for any test

Refer for further specialist opinion

Information to concern Police Station

Date and Time of completion of Examination

Date.....

Place.....

Signature

Name (Capital letters).....

Disignation (Capital letters).....

Seal.....