

# Medical Report & Examination Form for Female Survivor

Legal

## 1. General Information

- 1.1. Survivor Registration No.(from Survivor Register): 4185/24-9-25/0039  
 1.2. Name of the hospital / health facility: 250 bedded District Sadon Hospital  
 1.3. Name of the hospital/office referred from (if any, with letter of reference No. and date):  
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 1.4. Name and ID details of the accompanying police personnel (if any) brought by  
Maw Mawma (Mother)



## 2. Details about the survivor

- 2.1. Name (To be kept confidential): Aungmyethary Mawma  
 2.2. Age: 12 yrs 2.3 Sex: ☐ Male ☒ Female ☐ Transgender 2.4 Education: \_\_\_\_\_  
 2.5. Address: Chingiaula Ward no 1, Khaynackau Pongosura,  
 2.6. Current marital status: ☐ Unmarried ☐ Married ☐ Divorced/Separated ☐ Widowed ☐ Other (please specify) \_\_\_\_\_  
 2.7. Religion/Ethnicity: Buddhist  
 2.8. Guardian's name and relation (if < 18 years): Mong Suijai Mawma  
 2.9. Contact No of survivor (To be kept confidential): 01538333481  
 2.10. Date and time of examination: 29/09/25 at 9 AM  
 2.11. Female attendant's name and address: Thonna Chakma, Senior Staff Nurse, Sadon Hospital  
 2.12. Marks of identification: a) A black mole at Rt side below nose & above lip b) \_\_\_\_\_

## 3. History of incidence

- 3.1. Brief history of the incidence, as stated by survivor or guardian (how, when, where and what happened?) If more space is required, please attach an additional sheet last 23/9/25 around 9pm when she was coming back to home from private tuition, accused persons wase (ginn) following her. Then forcefully covering her mouth applying hypnotic drugs she became unconscious. When she became conscious she found herself at field of mud & water. Her family person found her at temple & took home. She claiming sexual abuse with one.  
 3.2. Medical history (Medical and psychological history): If more space is required, please attach an additional sheet.  
Nothing contributory

- 3.3. Date of incidence: 23/9/25 Time of incidence: ☐ Morning ☐ Afternoon ☒ Evening/Night ☐ Unknown  
 (if possible specify the time: 9 pm to 11 pm)

## 3.4. Location of incidence:

- ☐ Survivor's home ☐ Perpetrator's home ☐ Educational institute ☐ Workplace  
☐ Hotel or guest house ☐ Public area (Field, Road side, Forest, etc.) ☐ Others (Please specify): near home area

## 3.5. Type of gender based violence (GBV):

- ☒ Sexual GBV ☐ Physical GBV ☐ Psychological GBV

## 3.6. Does the survivor has any previous history of GBV? Was the incident reported?

- ☒ No ☐ Yes, please specify: \_\_\_\_\_

## 3.7. Description of clothing/belongings:

- 3.7.1. Clothing changed? ☒ Yes ☐ No  
 3.7.2. Clothes washed? ☒ Yes ☐ No  
 3.7.3. Findings on clothing ☐ Tears ☐ Scratches ☐ Stains ☐ Foreign materials

## 4. Information about the Perpetrator

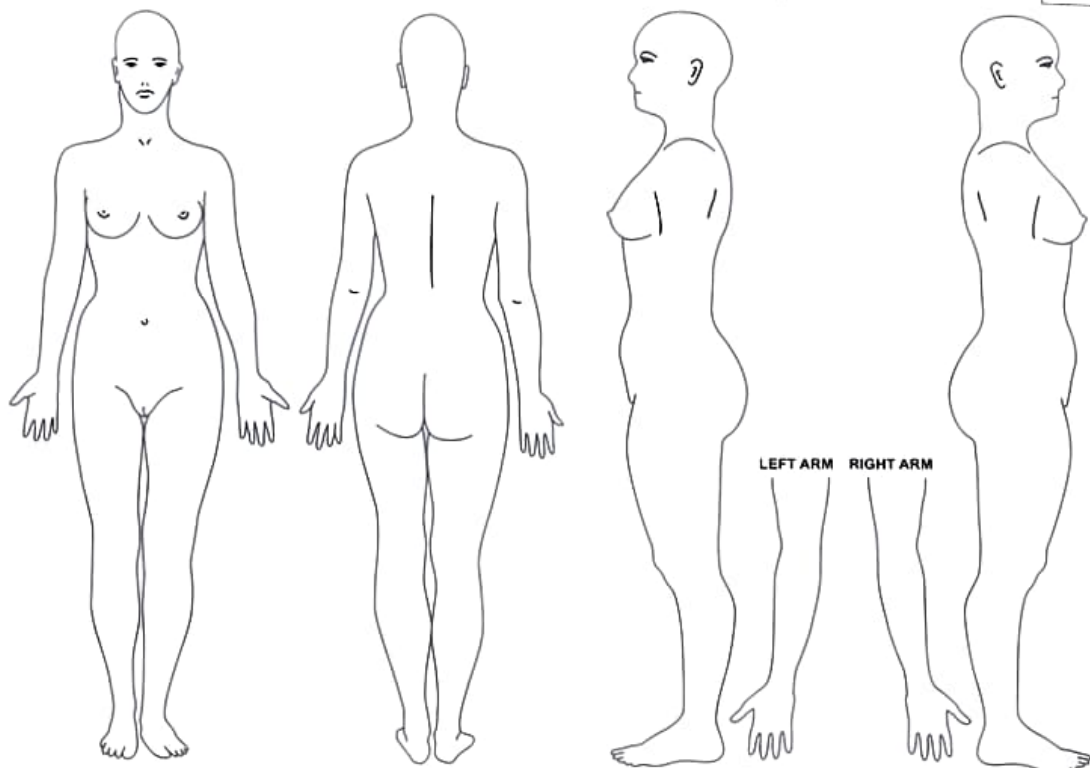
Number of alleged perpetrator(s) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More than 3 <input type="checkbox"/> Unknown	Alleged perpetrator's sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Age <input checked="" type="checkbox"/> <18 years <input type="checkbox"/> 18 years & older <input type="checkbox"/> Unknown
Relationship with alleged perpetrator: <u>Not related.</u>		

Name of the Examiner Dr. Jayadikma

Signature: [Signature]

Date: 28/9/25

Dr. Min Mosamat Hsien  
 Dr. Nalida Akkter  
 Dr. Nalida Akkter



## 5. Physical examination

## 5.1. General physique and vitals :

Height : 5 feet Weight : 56 kg Pulse : 80/min B.P. : 110/60  
 Temperature : Normal Respiratory rate : 16/min Any disability : Nil

## 5.2. Injuries on the bodies (Type, size, site, color, surrounding area, signs of treatment, bleeding, sign of healings, any imprints etc.) Please use the pictogram to depict the injuries as best as possible :

No injuries were noted at the time of examination.

5.3. Bite marks : (If survivor agrees, enclose a photo with prior consent) : Not found.5.4. Conditions of pubic hair (Matted, stained, any foreign hairs) : Normal.5.5. Oral cavity : The mouth should be inspected carefully, checking for bruising, abrasions and lacerations of buccal mucosa petechiae on the hard/soft palate may indicate penetration. Check for a torn frenulum or broken teeth, Collect an oral swab, if indicated. : No injuries were noted.

## 5.6. Genital injuries (Name, size, site, color, surrounding area, sign of treatment, bleeding, sign of healings, imprints, any content, stain and discharge etc.) Please use the figure provided to depict the injuries as best as possible: (If more space is needed, please attach additional pages).

(a) Perineum : Normal

(b) Vulva : Normal

(c) Vagina : Normal

(d) Hymen : Intact (No tear, abrasion were noted)

(e) Perianal area and anal orifice : Normal

Note : Examination should be done immediately, even during menstruation and preferably by a female doctor.

If not available, a female attendant must be present.

## 5.7. Specimen preserved for further analysis :

(a) Blood : ☐ Collected ☒ Not Collected, please explain why not : \_\_\_\_\_

Purpose of collection : (Alcohol/drugs/HIV/VDRL/HBsAg/TPHA/DNA Identification etc.) \_\_\_\_\_

(b) Urine : ☒ Collected ☐ Not collected, please explain why not : \_\_\_\_\_

Purpose of collection (Intoxication/pregnancy) : Urine for eg test - Negative.

(c) Swab from stains : ☐ Collected ☒ Not collected, please explain why not : \_\_\_\_\_

Purpose of collection (identification of semen or any others) : \_\_\_\_\_

Name of the Examiner : Dr. Jaya Chakrav.

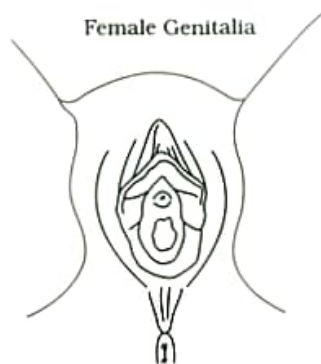
Dr. Mir Mostafiz Hossain - 26

Dr. Nazida Akter - 2022

Signature : [Signature]

Date : 28/9/25





- (d) Vaginal Swab : ☒ Collected ☐ Not collected, please explain why not : \_\_\_\_\_  
 Purpose of collection (semen analysis) : HVS for spermatozoa → Not found
- (e) Foreign materials : ☐ Collected ☒ Not collected, please explain why not : Not applicable  
 Purpose of collection (identification of material as evidence) : \_\_\_\_\_
- (f) Hair from Survivor : ☐ Collected ☒ Not collected, please explain why not : Not needed  
 Purpose of collection (DNA Analysis) : \_\_\_\_\_
- (g) Nail scrapings : ☐ Collected ☒ Not collected, please explain why not : Not applicable  
 Purpose of collection : \_\_\_\_\_
- (h) Others : Not applicable
- 5.8. Specimen analyzed in the same hospital? ☒ Yes ☐ No, please specify : \_\_\_\_\_
- 5.9. Specimen with a forwarding letter handed over to : \_\_\_\_\_
- 5.10. Investigation and reports : Please specify : (Blood, urine, X-ray, USG, DNA profiling and other required investigations if done): Mentioned above
6. Treatment
- 6.1. Treatment of physical injuries or refer : Conservative treatment given
- 6.2. Emergency contraception to prevent unwanted pregnancy : Not given
- 6.3. Prophylaxis and treatment of Sexually Transmitted Infections (STIs) : Not given
- 6.4. Post Expose Prophylaxis (PEP) for HIV : Not given
- 6.5. Psychological care and support : Basic support given
7. Referral (where and why ?) : Not done
8. Follow up visits suggested on : (2 weeks, 1 month, 3 month and 6 months)  
Suggested
9. Opinion

Opinion of the expert : (While framing opinion the examiner should consider her mental status, possible causation of injuries and their time of infliction, age estimation in case of minors or teenagers and general condition of the survivor. If there are signs of alleged sexual activities matching with history also should be verified while framing opinion. In case of complete negative findings in survivor, the examiner cannot declare that the alleged incident did not take place. S/he should only note the findings during examination. Should not write "it seems to be or suggestive of ....".

- (a) Opinion about mental status of the survivor : Stable
- (b) Opinion about the injuries on body : No injuries were noted at the time of examination
- (c) Opinion about the condition of genital organs : No sign of recent, forceful sexual act was noted on her person

Name of the Examiner Dr. Jaya Chakma, Dr. Mir Mostaff Hosain Qualification : Dr. Nahida Akhter  
 Signature : [Signature] BMDC Reg. No. : Dr. Nahida Akhter  
 Name of Hospital/Health facility with seal : 250 Beds Modern District Sadar Hospital  
 Code : 43964 Date : 28/7/25 Khagrachari Hill District  
 Note : Regd. No: A-55079

- ☐ Report should be prepared by doctor who conducts the examination.
- ☐ The report should be clear and understandable and original copy of the report (yellow) should be given for legal action, one copy (blue) for the survivor and another copy (green) for hospital record.
- ☐ Separate sheet of paper should be used, if the space allocated for description in the form is inadequate.