

PROFORMA FOR EXAMINATION AND REPORT FOR ESTIMATION OF AGE

Requisition from S.I. of Policevide letter no. Dated.....for examination of
.....escorted by P.C. no.Name

Place of Examination:

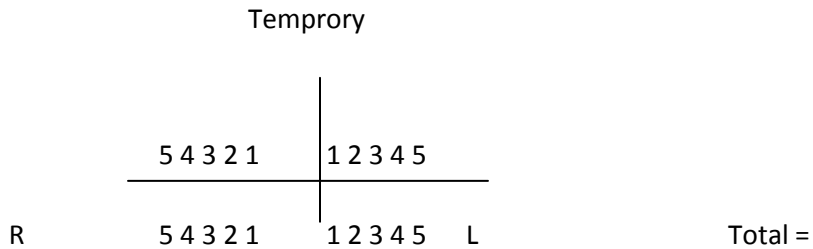
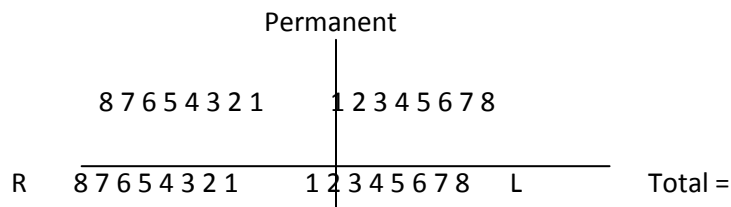
Date and Time of Examination:

- 1. Name:
- 2. Father's/Guardian's/Husband's name:
- 3. Address:
- 4. Age as stated:
- 5. Religion:
- 6. Occupation:
- 7. Brought and identified by :
- 8. Consent given in writing:
.....Examination in presence of :

- 9. Identification marks:
 - a.
 - b.

- 10. Clinical Examination:
 - a. General Configuration:
 - b. Mental State:
 - c. General Body built:
 - d. Height:
 - e. Weight:
 - f. Eyes: Color of iris, Arcus senilis/cataract
 - g. Voice:
 - h. Adam's apple:

- i. Hair:
 - i. Scalp:
 - ii. Axillary:
 - iii. Moustache:
 - iv. Pubic:
 - v. Beard:
- j. Girth of chest across nipples:
- k. Girth of abdomen across umbilicus:
- l. Teeth:



Space behind 2nd perm. Molar.

If any temporary/artificial teeth present.

- j. Breast Development:
 - Areola:
 - Nipple:

- 12. Statement as to the present;
 - a. Date of menarche:
 - b. Last date of menstruation

- c. Menstruation: regular/irregular.

13. Development of genitals: Female

- a. Labia majora and minora
- b. Clitoris
- c. Discharge: Urethral/vaginal

14. Development of genitals: Male

- a. Penis: development and size:
- b. Foreskin: if can be rolled back or not
- c. Presence of smegma:
- d. Discharge urethral:
- e. Testes and scrotum:

15. X-ray examination of:

- a. Elbow jt. B/I : AP & Lateral.
- b. Wrist jt. B/I : AP & Lateral.
- c. Knee jt. B/I : AP & Lateral.
- d. Pelvis showing iliac crest and ischeal tuberosities and both tubercles of femur..
- e. Jaw: Lateral view showing molar teeth.
- f. Sternal ends of clavicles.
- g. Hyoid bone: and thyroid cartilage: lateral view.
- h. Sutures of skull: Sagittal, Coronal, lambdoid, temporo-parital, temporo-occipital, parieto-mastoid, AP/Lateral/Oblique views.
- i. Sternum:showing union of joints of manubrium with body with xiphoid process: AP/lateral
- j. Costo-chondral junction of ribs: AP/lateral view.
- k. Vertebra column showing lipping of lumbo-dorsal joint: AP/lateral

16. Requisition sent to radiologist.....vide letter no.....dated

17. Date of receipt of radiologist report:

18. Findings of radiologist:

.....
.....

19. Opinion:

20. Taking into consideration of general configuration, the clinical data, the radiological findings and my observations thereto, all considered together, I am of the opinion that the subject identified as

.....(Name) , was aged about/between-..... years on the date of his x-ray examination ie.
on

Station:

Signature

Date:

Name

Time:

Reg. No.

Designation

Address

Official seal