

REQUEST AND PERMISSION FOR COMPLETE MEDICOLEGAL EXAMINATION

(For use of this form, see TB MED 283; the proponent agency is the Office of the Surgeon General)

DATE AND HOUR OF EXAMINATION

I, _____
(Name of patient OR parent/legal guardian and patient's name)

hereby request the Staff of _____
(Name of treatment facility)

to perform such examinations and procedures as are deemed necessary, including

but not limited to fingernail clippings, specimens for toxicologic examinations to

include alcohol and other drugs, medical specimens, pubic hair specimes,

clothing and any other evidence on (myself), (my daughter _____)
(name)

(my son, _____), (my _____),
(name) (name)

relating to an assault which occurred _____ .
(hour and date)

(Signature)

WITNESS:
