

GUIDELINES FOR CLINICAL EXAMINATION FOR DRUNKENNESS BY GOVERNMENT MEDICAL OFFICER

(Please fill or tick off the cages)

A. PRELIMINARIES														
MLEF Number				Police Station				Date of Issue						
Date of examination				Time of Examination				Place of Examination:						
Full name of the examinee:														
Address														
Sex	M	F	Date of birth	D	D	M	M	Y	Y	Y	Y	Age	Years	Months
Language of Communication				Interpreter used <input type="checkbox"/> Yes Name: _____ <input type="checkbox"/> No										
Language Fluency		Sinhala	Tamil	English	Level of Education				Occupation					
Reading					Primary									
Writing					Secondary									
Can communicate					Higher									
Produced by	Name:						Rank and number							
Information Obtained from the police officer:														
Medico-Legal Examination is requested for		<input type="checkbox"/> Alleged Traffic Offence				<input type="checkbox"/> Alleged Other Offences committed under influence of alcohol								
Breathalyzer Test		<input type="checkbox"/> Performed				<input type="checkbox"/> Not performed								
B. CONSENT FOR EXAMINATION														
<p>I hereby give my consent to Government Medical Officer for medical examination to determine consumption of drugs/alcohol and their effects. I further consent to divulge the findings to the police and to the courts.</p> <p>..... Signature of the examinee</p> <p>..... Name and the Signature of witness</p>														
<p>..... මන්දුව සාහිත කර ඇතිද යන්න, එම සාහිතය නිසා යම්කිසි වෙනස්කමක් ඇතිදැයි සොයා බැලීම සඳහාත් වෛද්‍ය පරීක්ෂණයකට ලක්වීමට කැමැත්ත ප්‍රකාශ කර සිටීම. තව ද මෙම පරීක්ෂණයේ ලබා ගන්නා තොරතුරු පොලීසියට සහ උසාවියට ලබා දීමට ද මම කැමැත්ත ප්‍රකාශ කරමි.</p> <p>..... පරීක්ෂණයට ලක්වන්නාගේ අත්සන</p> <p>..... සාක්ෂරයාගේ අත්සන</p>														
<p>..... ...ஆகிய நான் அரசாங்க வைத்தியர் என்னை மதுபானம்/போதைமருந்து உள்ளொடுத்தலை பரிசோதித்து அவ்வாறு பெறப்பட்ட விடயங்களை பொலிசுக்கும், நீதிமன்றத்திற்கும் சமர்ப்பிக்க சம்மதம் தெரிவிக்கின்றேன்.</p> <p>..... பரிட்சனைக்கு உட்படுபவரின் கையொப்பம்</p> <p>..... சாட்சியின் பெயரும், கையொப்பமும்</p>														

C. HISTORY FROM THE EXAMINEE					
(The short history of the incident/event which led to medico-legal examination)					
Medical history					
Health status in general (<i>in brief</i>):					
Specific Conditions	Yes	No	Specific Conditions	Yes	No
Hearing problems			Problems in posture and balance		
Visual problems			Epilepsy & fits		
Diabetes			Asthma		
Endocrine disorders (Thyroid/any other specify)			Renal failure		
Psychiatric diseases			Liver diseases		
Head injury(present/past)			Previous Self harm		
HT /CVA /stroke			Physical deformities		
Others					
Social History	Smoking <input type="checkbox"/> Yes <input type="checkbox"/> No	Drug abuse <input type="checkbox"/> Yes <input type="checkbox"/> No	Consumption of Alcohol	<input type="checkbox"/> None	<input type="checkbox"/> Occasional <input type="checkbox"/> Habitual
Alcohol intake within last 24 hours	Amount taken	Type/(s)	Time of commencement	Duration of consumption	Whether food was taken, if so when, nature & type
Time of last meal	When did you sleep last and duration?				
Medication	Drug	Dose	Duration	Route	Last taken
Prescribed					
Non Prescribed					
Drugs of Abuse (type/s)					
D. INITIAL OBSERVATIONS					
Walking	<input type="checkbox"/> Walk steadily	<input type="checkbox"/> Walk with assistance/ walking aid(physical defect)	<input type="checkbox"/> *Carried/assisted by another (physical defects excluded)		
<input type="checkbox"/> Quiet	<input type="checkbox"/> *Talkative	<input type="checkbox"/> *Shouting	<input type="checkbox"/> *Abusive		
<input type="checkbox"/> *Struggling	<input type="checkbox"/> *Aggressive				
Clothing	<input type="checkbox"/> Clean and tidy	<input type="checkbox"/> *Disturbed	<input type="checkbox"/> *Soiled with vomits/others	Other	
Each observation marked in * if present should carry 1 mark. Total score for initial observation is 8.					
Score obtained out of 8 <input type="text"/>					
E. GENERAL EXAMINATION					
Mental state	Orientation in Time <input type="checkbox"/> Yes <input type="checkbox"/> *No		Orientation in place <input type="checkbox"/> Yes <input type="checkbox"/> * No		Orientation in person <input type="checkbox"/> Yes <input type="checkbox"/> * No
Speech	<input type="checkbox"/> Normal	<input type="checkbox"/> *Talkative	<input type="checkbox"/> *Slurred	<input type="checkbox"/> *Incoherent	<input type="checkbox"/> *Does not talk
Muscle tone	<input type="checkbox"/> Near Normal			<input type="checkbox"/> *Flaccid or Rigid	
Each observation marked in * if present should carry 1 mark. Total score for General Examination is 8.					
Score obtained out of 8 <input type="text"/>					

Others	Flushing <input type="checkbox"/> Yes <input type="checkbox"/> No	Palmar erythema <input type="checkbox"/> Yes <input type="checkbox"/> No	Salivation / Rihonorrea <input type="checkbox"/> Yes <input type="checkbox"/> No	Tremors <input type="checkbox"/> Yes <input type="checkbox"/> No	Flapping tremors <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vital signs (Initial)	Pulse (specify the sites)	BP	Temperature (specify the sites)	Breath sounds	Respiratory rate		
E2							
Breath	<input type="checkbox"/> Not smelling of liquor	<input type="checkbox"/> * Smelling of liquor	<input type="checkbox"/> Other smells				
If smell of liquor is present should carry 1 mark <input type="checkbox"/>							
F. EXAMINATION OF INJURIES							
Describe the injuries in numerical order including nature, size, site, disposition, depth, colour etc. and may illustrate in a diagram form (H1135A) Use Annex in reporting.							
G. SPECIFIC EXAMINATION							
G.1. EYE EXAMINATIONS							
Pupillary size: Use the gauge below or a printed laminated card to assess pupil size:							
Corrective lenses	Blindness	Eyes	Eye lids	Able to follow stimulants	Equal tracking		
Hard contact	None	Near Normal	Normal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soft contact	Left	Congested					
Glasses	Right	Tearing	Droopy				
None							
Vision (to perform the crude test initially-ability to read small & large letters)	Visual acuity	R	L	Visual fields	R	L	Colour vision
	Not impaired			Not Reduced			
	Impaired			Reduced			
	Grossly impaired			Grossly reduced (tunnel vision)			
Horizontal Gaze Nystagmus (HGN)				Left		Right	
1. Lack of Smooth pursuit				<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
2. Distinct & Sustained Nystagmus at Maximum Deviation				<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
3. Angle of Onset Prior to 45 degrees				<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Vertical gaze nystagmus				<input type="checkbox"/> Present <input type="checkbox"/> Absent			
Lack of convergence				<input type="checkbox"/> Present <input type="checkbox"/> Absent			
Each observation marked in * if present should carry 1 mark.							
Total score for Eye Examination is 6.							
Score obtained out of 6 <input type="checkbox"/>							
H. IMPAIRMENT TESTS							
H.1. DIVIDED ATTENTION & TESTS OF COORDINATION							
<p>“I would like you to perform series of tests to enable me to ascertain whether you have a condition which might be due to drink or drugs, or whether your ability to drive is impaired by drink or drugs. These tests are simple and part of my evaluation will be based on your ability to follow instructions. If you do not understand any of the instruction, please tell me so that I can clarify them”.</p> <p>මන්පැන් හෝ මන්ද්‍රව්‍ය ශරීරගතවීම නිසා ඔබ සිරුරේ යම් වෙනසක් සිදුව ඇත්දැයි සොයා බැලීම සඳහා පරීක්ෂණ කීපයකට</p>							

ඔබව ලෙක්කිරීමට සිදුවෙනවා. මෙම පරීක්ෂණ ඉතා සරලයි. ඔබ කල යුත්තේ මා කියන දෙය ඒ අයුරින්ම කිරීම පමණයි. ඔබට යම්කිසි අපැහැදිලි යමක් ඇත්නම් එය නැවත අසා පැහැදිලි කරගන්න

ROMBERG BALANCE TEST

INSTRUCTIONS (The doctor should instruct the examinee with demonstrations).

- Stand up straight with feet together with the arms down by the sides of the body.
- Tilt his head slightly backwards and then close the eyes.
- Keep the head in chin up position with eyes closed and estimate up to 30 seconds in mind.
- Bring down the head to initial position when 30 seconds have gone by.
- Open the eyes and say “finish”.

At the end of the instructions, the doctor should clarify whether the examinee understood it and the answer must be recoded as YES/NO.

When the examinee says ‘yes’, the doctor should commence the test. The doctor should actually time the test using a clock (the estimated period of 30 seconds by the examinee). Once the examinee opens the eyes and says ‘finished’ the doctor should ask from him what was the time period estimated by him and how did he do it.

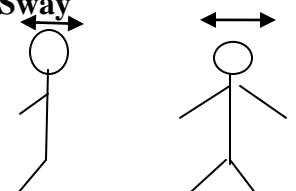
Romberg Balance Test: Instructions in Sinhala

- දෙපා එකපසු ද දෙඅත් දෙපස ද තමා සිරුවෙත් සිටගන්න.
- හිස මදක් පසුපසට ගෙන (හිකට මසවා) දෑස් වසන්න.
- තමාට හැකෙන පරිදි තත්. 30 ක කාලයක් මෙසේ රැඳී සිටින්න.
- තත්පර 30 අවසන හිස නැවත මුල් ඉරියව්වට ගෙන දෑස් විවෘත කර “අවසානයයි” යැයි පවසන්න.

Romberg Balance Test: Instructions in Tamil

- කාල்கள் இரண்டையும் ஒன்றாக வைத்துக்கொண்டு கைகள் இரண்டையும் உடலின் இருபுறமும் வைத்துக்கொண்டு நேராக நிற்கவும்.
- தலையை சற்று பின்நோக்கி சாய்க்குக. பின் கண்கள் இரண்டையும் மூடவும்.
- தலையை பின்நோக்கி சாய்த்தவண்ணம் மனதிற்குள் முப்பது வினாடிகளை எண்ணவும்.
- முப்பது வினாடிகளை எண்ணி முடித்ததும் தலையை சாதாரண நிலைக்கு கொண்டுவரவும்
- கண்களை திறந்து எண்ணிமுடிந்துவிட்டது என்று அறிவிக்கவும்.

Observations to be made by the doctor while the test is performed

<p>Sway</p>  <p><input type="checkbox"/> *Present <input type="checkbox"/> Absent</p> <p>Observe the direction and degree of sway (test is positive if there is a significant degree of sway)</p>	<p>Eye lid tremors (positive if present)</p> <p><input type="checkbox"/> Present* <input type="checkbox"/> Absent</p>
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Answers given by the examinee (after the test)

<p>Actual time spent by the examinee estimated as 30 seconds (test is considered positive if the estimated time is 10 seconds more)</p>	<p><input type="checkbox"/> Positive* <input type="checkbox"/> Negative</p>
<p>How many seconds estimated? (as per examinee) (test is considered positive if the answer is not 30 seconds)</p>	<p><input type="checkbox"/> Positive* <input type="checkbox"/> Negative</p>
<p>How had he estimated the time? (method used rational or not) <input type="checkbox"/> Irrational* <input type="checkbox"/> Rational</p>	

Comments of the doctor, if any

Each observation marked in * if present should carry 1 mark.

Total score is 5 (If the examinee is unable to follow the instructions and do the test 5 points should be given.)

Score obtained out of 5

WALK AND TURN TEST

INSTRUCTIONS (The doctor should instruct the examinee with demonstrations).

- Identify a real or imaginary line on the floor.
- Place the left foot on the line at one end.
- Place the right foot on the line in front of the left foot touching heel to toe.
- Place the arms down by the sides of the body and keep them in that position throughout the entire test.
- take nine heel to toe steps along the line
- At the 9th step turn around and take another nine steps in the opposite direction.
- Watch the feet and count each step out loud while walking.

At the end of the instructions, the doctor should clarify whether the examinee understood it and the answer must be recoded as YES/NO.

Walk & turn test- Instructions in Sinhala

- පොලොව මත සෘජු රේඛාවක් සලකුණු කර ගන්න. (මතසිත් වුවද කම් හැක).
- වම් පාදය රේඛාවේ එක කෙළවරක් මත තබන්න.
- දකුණු පාදයේ විලඹ වම් පාදයේ ඇඟිලිවලට වල ස්පර්ශ වනසේ දකුණු පාදය වම් පාදයට ඉදිරියෙන් තබන්න.
- පරිභ්‍රමණය අවසන් වනතුරු දෙඅත් දෙපස තබා ගන්න.
- මෙලෙස එක පාදයක ඇඟිලිවලට අනෙකේ විලඹෙහි ස්පර්ශ කරමින් පියවර නමයක් රේඛාව දිගේ ඇවිදින්න.
- ඇවිදින අතර තුර පාද දෙස බලා ශබ්ද නොපියවර ගනන් කරන්න.
- පියවර 9 අවසානයේ සෙමෙන්, කෙටි පියවර තබමින් ආපසු හැරෙන්න.
- ඉන්පසු ඉදිරියට ගමන් කර ආකාරයට ආපසු පියවර 9 ක් රේඛාව දිගේ ඇවිදින්න.

Walk and Turn Test- Instructions in Tamil

- ஒரு உண்மையான அல்லது கற்பனை கோட்டை நிலத்தில் அடையாளப்படுத்தவும்.
- கோட்டின் அந்தத்தில் உங்களது இடது பாதத்தை வைக்கவும்.
- வலது பாதத்தை இடது பாதத்திற்கு முன்னால் இடது கால் கட்டை விரல் வலது கால் பகுதியில் படுமாறு வைக்கவும்.
- கைகள் இரண்டையும் உடலின் இருபுறங்களிலும் பரிசோதனை முடிவடையும்வரை வைக்கவும்.
- கோட்டிலே இவ்வாறு ஒன்பது பாதங்களை எடுத்து வைக்கவும் (கால் கட்டைவிரல் - கால் பகுதி)
- ஒன்பதாவது பாத முடிவிலே 180 ஊடாக திரும்பி மீண்டும் ஒன்பது பாதங்களை எடுத்து எதிர்நிதிசையில் நடக்கவும்.
- பாதங்களை பார்த்தவண்ணம், ஒவ்வொரு பாதம் வைக்கும்போதும் சத்தமாக எண்ணவும்.

Observations to be made by the doctor while the test is performed

Any deviation from the instructions and any observations should be noted	Starts too soon	<input type="checkbox"/> Yes* <input type="checkbox"/> No			
	Can't keep balance from outset & turning	<input type="checkbox"/> Yes* <input type="checkbox"/> No			
Describe the turn (sway or unable to turn)*		Forward ½ mark		Coming back ½ mark	
		Yes*	No	Yes*	No
Notes & observation	Stops walking*				
	Misses heel to toe*				
	Steps off line*				
	Raises arms *				
	Did not follow instructed number of steps *				

Each observation marked in * if present should carry 1 mark.

Total score is 8 (If the examinee is unable to follow the instructions and do the test 8 points should be given.)

Score obtained out of 8

ONE LEG STAND TEST (in cases where there is a problem to perform the one leg stand test due to disability of the lower limbs finger nose test is mandatory to perform)

INSTRUCTIONS (The doctor should instruct the examinee with demonstrations).

- Stand with feet together with arms by the sides
- Raise the right foot six to eight inches off the ground, keeping the leg straight (without bending the knee) and the toes pointing forward with the foot parallel to the ground.
- Keep the arms by the sides and look at the elevated foot
- Count out loud stating from “One thousand one, one thousand and two etc. ”
- Stop the counting with the doctors command.

(Doctor should time the test for 30 seconds and give the command to stop)

At the end of the instructions, the doctor should clarify whether the examinee understood it and the answer must be recoded as YES/NO.

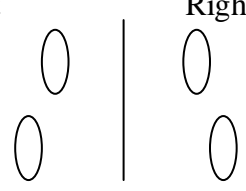
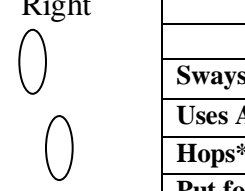
Repeat the procedure with each foot.

One leg stand test- Instructions in Sinhala

- දෙඅත් දෙපස ද පාද එකලක ද තබා සිරුවෙත් සිටගන්න
- පතුල පොලොවට සමාන්තරව සිටින සේ දකුණු පාදය අඟල් 6 – 8 ක් පමණ පොලොවෙත් උඩට ඔසවන්න.
- දෙඅත් ශරීරයේ දෙපස තබාගෙනම ඔසවා ඇති පාදය දෙස බලන්න. දැන් එක්දහස් එක එක්දහස් දෙක ආදී විශයෙන් ගණන ගනන් කරන්න.
- වෛද්‍යවරයා පැවසූ විට මෙම ගනන් කිරීම නතර කරන්න.
- මෙම පරීක්ෂණය අතින් පාදයටද මෙලෙසම කරන්න.

One Leg stand Test: Instructions in Tamil

- கால்களை ஒன்றாகவும், கைகள் இரண்டையும் உடலின் பக்கமாகவும் வைத்துக்கொண்டு நிற்கவும்.
- வலது காலை ஆறு தொடக்கம் எட்டு அங்குலம் வரை உயர்த்தவும். முழங்காலை மடிக்காது காலை நேராக வைத்துக்கொள்ளல் வேண்டும். கால் கட்டை விரல் முன்னோக்கியும், பாதமானது நிலத்திற்கு சமாந்தரமாகவும் இருக்குமாறும் பார்த்துக்கொள்ளல் வேண்டும்.
- கைகள் இரண்டையும் உடலின் இருபுறமும் வைத்துக்கொண்டு உயர்த்திய காலை பார்க்கவும்.
- ஆயிரத்து ஒன்று, ஆயிரத்து இரண்டு என்று ஆயிரத்து ஆறுவரை எண்ணவும்.
- வைத்தியரின் அறிவுறுத்தல் கிடைத்ததும் எண்ணுவதை நிறுத்தவும்.

Left	Right	Left		Right		Notes & Observations	
		Yes	No	Yes	No		
							
		Sways*					
		Uses Arms to balance*					
		Hops*					
		Put foot down*					

Each observation marked in * if present should carry 1 mark.

Total score is 8 (If the examinee is unable to follow the instructions and do the test 8 points should be given.)

Score obtained out of 8

FINGER AND NOSE TEST (in cases where there is a problem to perform the one leg stand test due to disability of the lower limbs finger nose test should be performed as an alternative test)

INSTRUCTIONS (The doctor should instruct the examinee with demonstrations).

- Stand with feet together and arms extended in front
- Keep the palms up extending both index fingers while other fingers are clenched.
- Tilt the head slightly back and close the eyes.
- Touch the tip of the nose with the tip of the finger as instructed by the doctor.

At the end of the instructions, the doctor should clarify whether the examinee understood it and the answer must be recoded as YES/NO.

Call out the hands in the following order, left, right, left, right, right, left

Finger nose test: Instructions in Sinhala

- පාද එකලක නමා දැස් ඉදිරියට දිගු කරන්න.
- දෙඅතලු උඩ අතට කරවා දඹර ඇඟිලි දිගු කොට අනෙක් ඇඟිලි නමා ගන්න.
- හිස මදක් පසුපසට නමා දැස් වසා ගන්න.
- වෛද්‍යවරයා නමී කරන ඇඟිලි තුඩින් නාස් තුඩ අල්ලන්න

Finger Note Test: Instructions in Tamil

- கால்கள் இரண்டையும் ஒன்றாக வைத்துக்கொண்டு கைகள் இரண்டையும் முன்னால் நீட்டவும்.
- உள்ளங்கைகள் மேல்நோக்கி இருக்குமாறும், சுட்டு விரலை நீட்டியும் மற்றைய விரல்களை மடக்கியும் வைத்திருக்கவும்.
- தலையை சற்று பின்நோக்கி சாய்த்து கண்கள் இரண்டையும் மூடவும்.
- சுட்டு விரல் நுனியால் முக்கு நுனியை வைத்தியரின் அறிவுறுத்தல்களிற்கு ஏற்ப தொடவும்.

Observations to be made by the doctor while the test is performed

Eye lid tremors (while doing the test with closed eye) <input type="checkbox"/> Yes* <input type="checkbox"/> No	Muscle tremors <input type="checkbox"/> Yes* <input type="checkbox"/> No	Swaying <input type="checkbox"/> Yes* <input type="checkbox"/> No	Brought head forward <input type="checkbox"/> Yes* <input type="checkbox"/> No
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<p>Draw lines to spots touched</p>	Notes and Observations	
		Touches the tip
	1	<input type="checkbox"/> Yes <input type="checkbox"/> No*
	2	<input type="checkbox"/> Yes <input type="checkbox"/> No*
	3	<input type="checkbox"/> Yes <input type="checkbox"/> No*
	4	<input type="checkbox"/> Yes <input type="checkbox"/> No*
	5	<input type="checkbox"/> Yes <input type="checkbox"/> No*
6	<input type="checkbox"/> Yes <input type="checkbox"/> No*	

Each observation marked in * if present should carry 1 mark.

Total score is 10 (If the examinee is unable to follow the instructions and do the test 10 points should be given.)

Score obtained out of 10

H.2. TEST OF REACTION TIME

RULER DROP TEST

The doctor should hold a meter ruler at the zero end while the examinee is asked to places his thumb and index finger either side of the 50 cm mark, without touching the ruler. ithout warning, the doctor should drop the ruler and the examinee must catch the falling ruler between his thumb and index finger as quickly as possible. The score is the number just above the index finger (to nearest 0.1 cm). Record the best of three attempts using your dominant and non-dominant hand.

Note: Doctor and the examinee must stand up straight, facing each other when doing the test.

1 st reading	2 nd reading	3 rd reading	Mean reading
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Rating	Excellent >42.5cm	Good 34.1-42.5cm	Average 29.6-37.0cm	Fair 22.0-29.5cm	Poor <22.0cm
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If the mean reading is less than 22 cm should carry 1 mark

H.3. ANY OTHER TESTS YOU MAY PERFORM (The following tests are recommended whenever required as a part of the medical examination as the discretion of the examining doctor(not mandatory))

Test	Performed /not	Remarks
Finger to finger test (Coordination)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heel shin test (Coordination)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Test of Dysdiadochokinesis (Coordination)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tests of fine movements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Muscle power (UL/LL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reflexes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Specimen of blood or urine taken and stored for future use

Consent for testing of the specimen for alcohol/drugs

Place of storage

Vital signs (Repeat)	Pulse		BP		T ⁰		RR		Breath sounds	
Date & time of the conclusion of the examination										
Hospital For treatment of injuries/ other acute conditions						Further investigations of other medical conditions				
Referral forms/letters handed over to the police officer:						<input type="checkbox"/> Yes <input type="checkbox"/> No				
Name & Signature:										
I. ANALYSIS OF FINDINGS AND INFERENCES										
Criteria to determine under influence of alcohol.										
The determination is done based on the clinical examination. Clinical findings are divided into major and minor criterion. The points are given according to a scoring system.										
<ol style="list-style-type: none"> 1. Initial observation, General Examination findings, Breath smelling of liquor, HGN and test of reaction time are considered as minor criteria. 2. Impairment tests are considered as major criteria 3. One mark to be given for each positive minor criterion or two marks for each one major criteria. 4. The conditions that may mimic signs of under influence of alcohol should be excluded before the conclusion is made. 										
J. INFERENCES										
<i>Each component/test is considered positive when more than half of the total allocated mark is obtained. For final calculation each positive component is given one mark and each negative component carries zero.</i>										
Category						Score Obtained out of total score		Final		
1	Initial observation (5 or more)					<input type="checkbox"/> / 8		/1		
2	General Examination (5 or more)					<input type="checkbox"/> / 8		/1		
3	Breath smelling of liquor present (1 mark)					<input type="checkbox"/> / 1		/1		
4	Horizontal gaze nystagmus (4 or more)					<input type="checkbox"/> / 6		/1		
5	Romberg Balance test (3 or more)					<input type="checkbox"/> / 5		/2		
6	Walk and turn test (5 or more)					<input type="checkbox"/> / 8		/2		
7	One leg stand test (5 or more) or Finger and nose test (6 or more)					<input type="checkbox"/> / 8 or 10		/2		
8	Test of Reaction time (poor score 1 mark)					<input type="checkbox"/> /1		/1		
Final Score								/ 11		
<i>To conclude as under Influence of alcohol there should be a minimum total score of six(6) (i.e. 6 out of 11)</i>										
K. OPINION										
No clinical evidence of drunkenness			Breath smelling of liquor		Under influence of alcohol		Evidence of use of other substances masking the smelling of liquor			
Remarks: (Are there any natural/traumatic conditions of effects of drugs (therapeutic /drugs of abuse) mimicking alcohol intoxication should be considered).										
DETATILS OF THE EXAMINER										
Signature			Name			Designation			Qualifications	