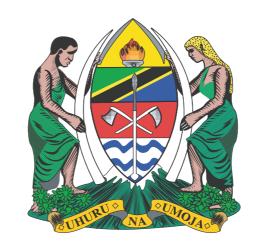
THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH AND SOCIAL WELFARE MALE CIRCUMCISION SURGICAL THEATHRE REGISTER

NAME OF HEALTH FACILITY	DISTRICT

S/NO	DATE (dd/mm/yy)	CLIENT ID	NAME	AGE (YEARS)	METHOD (CODE A)	ANAESTHETIC (CODE B)	START TIME	END TIME	SURGEON Name & Cadre	NAME OF ASSISTANT/S	REVENT/EMARKS (CODE C)
				-						-	
				-							
				-							
				-							
				-							
CODE	I	ı	I	<u> </u>		ı		<u> </u>	I	I	1

CODE

(A) METHODE (B) ANAESTHETIC LOCAL = Local Aneasthesia GEN= General Aneasthesia REG= Regional Aneasthesia SL = Sleeve Method Oth = Other (specify eg. Plastibell)	(C) EVENTS / REMARKS O = None (No problems outside what is expected during MC proceduure) If client has any of the following, please complete the Adverse Event From: 1 = Excessive Pain
--	---