SAFE MALE CIRCUMCISION REGISTER FOR HEALTH FACILITIES

S/n	Date	ID no	Client name	Client phone number	Age	Procedure Type of anaesthesia	Start time	End time	Bleeding	Follow -up visitor?		Sepsis	Others *(specify)*	Surgeon's name	Assistant's name	Comments or notes
										1st	2nd					

USAID FROM THE AMERICAN PEOPLE

NUMAT NORTHERN UGANDA MALARIA AIDS TUBERCULOSIS PROGRAMME