



health

Department: Health
REPUBLIC OF SOUTH AFRICA

Medical Male Circumcision: Adverse Event Reporting Tool

Clinic Summary Form (Submission to DMT and Provincial MMC Co-ordinator)

SEVERE ADVERSE EVENT CLINIC REPORT			
Clinic:			
Nearest Hospital:			
Sub-district:			
District:			
Province:			
Month: M M / Y Y Y Y			
<i>Totals of Severe Adverse Events per Type</i>			
	Abscess/formation		Scarring/disfigurement
	Bleeding		Sexual complications
	Damage to Penis		Swelling/haematoma
	Excessive skin removal		Torsion
	Insufficient skin		Voiding problems
	Infection		Wound dehiscence
	Pain		
Total of All Severe Adverse Events:			
Comments:			
Name of Facility Manager:			
Signature of FM		Date: D D / M M / Y Y Y Y	



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Circumcision: Adverse Event Reporting Form

District Summary Form (Submission to NDoH)

SEVERE ADVERSE EVENT DISTRICT REPORT			
District:	<input type="text"/>		
Month:	<input type="text"/>		
Province:	<input type="text"/>		
<i>Totals of Severe Adverse Events per type</i>			
<input type="text"/>	Abcess formation	<input type="text"/>	Scarring/disfigurement
<input type="text"/>	Bleeding	<input type="text"/>	Sexual complications
<input type="text"/>	Damage to Penis	<input type="text"/>	Swelling/haematoma
<input type="text"/>	Excessive skin removal	<input type="text"/>	Torsion
<input type="text"/>	Insufficient skin	<input type="text"/>	Voiding problems
<input type="text"/>	Infection	<input type="text"/>	Wound dehiscence
<input type="text"/>	Pain		
Total of All Severe Adverse Events:		<input type="text"/>	
Comments:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Name of District Manager:	<input type="text"/>		
Signature of DM:	<input type="text"/>	Date:	<input type="text"/>