



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Voluntary Medical Male Circumcision
Trainee Log Sheet

Name of Trainee: _____

No.	Date	Client File number and initials	Assessor/Mentor signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Additional Comments: _____

Assessor/Mentor Signature: _____

Participants Signature: _____

Date of completion: _____