



NDFE-HEALTH MAIN DEPARTMENT

VOLUNTARY MEDICAL MALE CIRCUMCISION CLIENT RECORD

I. PERSONAL IDENTIFICATION & VITAL SIGNS

1. Client's Name: _____ 2. Client Medical Record No.: _____ 3. Serial no. _____
4. Address: Command (equivalent) _____ Division _____ Brigade _____ Battalion _____ Tel. _____
5. Date (EFY): _____ / _____ / _____ 6. Age: _____ years 7. Weight: _____ kg
- Month Date Year
8. BP: _____ 9. Temp (°C): _____

II. HIV TESTING AND COUNSELLING

1. Tested for HIV and counselled as part of the VMMC process? Yes No
2. HIV test result: NR R
3. If R, escorted and linked to ART service Yes No
4. If R, client still opts for VMMC? Yes No
5. Partner tested? Yes No NA

III. MEDICAL AND SURGICAL HISTORY

Does the client have history of the following medical and surgical conditions?

1. Diabetes or any other chronic illness: Yes No
2. Anemia: Yes No
3. Bleeding disorders: Yes No
4. Discharge from the penis? Yes No
5. Burning sensation or urgency during urination: Yes No
6. Any swelling or ulcer around the genitalia: Yes No
7. Any problem with sexual function: Yes No
8. History of allergy to any medications: Yes No
9. History of any surgical procedure: Yes No

IV. PHYSICAL EXAMINATION

1. Sclera checked for anemia: Yes No
2. Swelling, ulcer or discharge from the penis Yes No
3. Any abnormalities of the penis (epispadias, hypospadias, phymosis or paraphimosis): Yes No
4. Any significant abnormality on general examination findings: Yes No

If yes, specify _____

5. Client medically cleared for MC procedure? Yes No

a. If no, why? _____

b. If surgery is delayed, schedule a return visit for monitoring and update client's appointment card

v. የወጣቶች እና አዋቂ ወንዶች ግርዛት ፈቃደኝነት መስጫ ቅጽ (Consent Form)

በተገልጋዩ ወይም በወላጅ/አሳዳጊ ጥያቄና ፈቃድ የሚደረግ ግርዛት

የተገራገፍ ስም _____

እድሜአቸው ከ18 በታች ለሆኑ ወጣቶች የወላጅ/አሳዳጊ ስም _____

የግርዛት ቀደም ተገናኝ እንዲደረግልኝ/እንዲደረግለት ተስማምቻለሁ ፊርማ: _____

እኔ ከላይ የተጠቀሰው ደንበኛ መረጃን የሰጠሁኝ የምክር አገልግሎት ሰጪ ወይም የወንዶች ግርዛት ባለሙያ ነኝ። በሚከተሉት ጉዳዮች ዙሪያ መረጃ ሰጥቻለሁ።

- * ስለ ኤችአይቪ እና ሌሎች አባላዘርዕ በሽታዎች
- * የወንዶች ግርዛት ማለት ምን ማለት እንደሆነ
- * ስለወንዶች ግርዛት ጥቅም
- * ግርዛቱ እንዴት እንደሚካሄድ
- * በወንዶች ግርዛት ወቅት (በኋላ) ሊከሰቱ ስለሚችሉ አንዳንድ ችግሮች
- * ከግርዛት በፊት የሚወሰዱ ጥንቃቄዎች
- * ከወንዶች ግርዛት በኋላ ሊወሰዱ የሚገባቸው ጥንቃቄዎች
- * ከወንዶች ግርዛት በኋላ ችግሮች ሲገጥሙ ምን መደረግ እንዳለበት
- * ድንገተኛ ክፍል የሚገኝበትን የስልክ ቁጥር እና በድንገተኛ አደጋ ጊዜ የት እንደሚኬድ
- * ከወንዶች ግርዛት በኋላ መታቀብ (ኮንዶምን መጠቀም) ለምን እንደሚያስፈልግ
- * በፈቃደኝነት ላይ የተመሠረተ የኤችአይቪ ምርመራና ምክክር ጠቀሜታ
- * የሥነ ተዋልዶ ጤና፣ አደንዛኝ እዕዋትና አልኮል አጠቃቀም ጋር የተያያዙ ችግሮች

ከላይ በጠቀስኩት መረጃ ላይ ተጠቃሚው ጥያቄዎች ካሉት እንዲጠይቀኝ እድሉን ሰጥቻለሁ። ተጠቃሚው ከላይ የጠቀስኩትን መረጃዎች በደንብ መረዳቱን ለማወቅ የተወሰኑ ጥያቄዎችን ጠይቄዋለሁ።

እኔ እንደማምነው ደንበኛው የግርዛት አገልግሎትን ለማግኘት ፈቃደኝነቱን እና ትክክለኛ የሆነ ውሳኔን ለመስጠት የሚያስችለው በቂ መረጃ አለው።

ባለሙያ ስምና ፊርማ _____

VI. SURGICAL NOTES

1. Antiseptic used: 10% Povidone iodine: Yes No Other
 2. Draping done Yes No
 3. Lidocaine without adrenaline: 1% 2%
 4. Amount of the Lidocaine in ml. _____
 5. Procedure: Dorsal slit Forceps guided Sleeve PrePex
 6. Suture used: Chromic catgut Vicryl
 7. Intra-operative complications: Yes No
 8. If yes what type: _____
- Mc Procedure performed by: (Name & sign) : _____ Assistant's Name: _____

VII. POST-OP NOTES

VIII. If occurs write below the type of adverse events (AEs), severity (mild, moderate or severe) and return visit note including actions taken. But if there is moderate and severe AEs fill and attach the adverse event form with this client card:

IX. FOLLOW-UP NOTES

| | | |
|--|--|--|
| Date (first follow up visit): _____ | Date (second follow up visit): _____ | Date (third follow up visit): _____ |
| Days post-op: _____ | Days post-op: _____ | Weeks post-op: _____ |
| Tested for HIV on current visit: Yes <input type="checkbox"/> No <input type="checkbox"/> | Tested for HIV on current visit: Yes <input type="checkbox"/> No <input type="checkbox"/> | Notes _____ |
| Notes _____ | Notes _____ | Notes _____ |