

ANNEXURE A

CONDITIONS FOR OBTAINING PERMISSION TO PERFORM CIRCUMCISION

1. There must be proof in the form of a birth certificate or an identity document that the prospective initiate in respect of whom permission is requested is at least 18 years old, or if the parents of the initiate so specifically request, is of a prescribed age.
2. Parental consent must be obtained in respect of a prospective initiate who is under 18 years of age.
3. A prospective initiate must undergo a pre-circumcision medical examination by a medical practitioner or a primary health care nurse. The medical certificate must indicate as to whether the prospective initiate, based on the examination by the medical practitioner who must have considered amongst others the medical history of the prospective initiate, is fit to undergo circumcision or not.
4. A traditional surgeon, who is to perform a circumcision within an area falling under a traditional authority, must inform such traditional authority thereof.
5. Where a traditional surgeon does not comply with the necessary prescribed requirements to perform a circumcision, he or she must perform it under the supervision of an experienced traditional surgeon.
6. An instrument used to perform a circumcision on one initiate must not be used again to perform a circumcision on another initiate.
7. The traditional surgeon must use the instruments supplied or prescribed by the District Medical Officer where the traditional surgeon has to perform more than one circumcision on more than one initiate but does not have sufficient instruments.
8. The traditional surgeon must keep instruments to be used by him or her to perform circumcision clean at all times before a circumcision, and shall use a substance prescribed by a District Medical Officer for the sterilization of the instruments.
9. The traditional surgeon must co-operate at all times with the District Medical Officer concerned in respect of any directive given or decision made by the District Medical Officer under the powers vested in the District Medical Officer by this Act.
10. The traditional surgeon must keep a register which indicates the names of the initiates, the dates on which he or she admitted the initiates, when the circumcision was done, as well as when an initiate completed his or her stay at the Initiation School.

- 11. Under no circumstances must the traditional surgeon apply any form of corporal punishment on the initiates.
- 12. The contents of this Annexure must be explained to an initiate or his or her parent.

I,, traditional surgeon, hereby accept and agree to the conditions referred to in Annexure A and undertake to provide the District Medical Officer with proof regarding compliance with above conditions within one month of the date below.

.....
Traditional surgeon

Name

Date

I,, District Medical Officer, hereby confirm that the conditions referred to in Annexure A have been explained to the traditional surgeon in the official language understood by him or her.

.....
District Medical Officer

Name

Date

ANNEXURE B

CONDITIONS FOR OBTAINING PERMISSION FOR HOLDING AN INITIATION SCHOOL OR FOR TREATING INITIATES

1. The District Medical Officer is entitled to impose a deviation from the use of traditional instruments only in cases where there are early signs of sepsis or other similar health conditions and insist on the use of surgical instruments.
2. The District Medical Officer must be allowed by the traditional surgeon to visit the Initiation School at any time and as regularly as the District Medical Officer deems necessary in order to inspect the health and the condition of the initiate.
3. The initiate must, at least for the first eight days of the circumcision, be allowed by the traditional surgeon to have a reasonable amount of water to avoid the initiate suffering any dehydration.
4. The traditional surgeon must not expose an initiate to any danger or harmful situation and shall exercise reasonable care in the holding of the Initiation School.
5. The traditional surgeon must report any sign of illness of the initiate to the District Medical Officer, as soon as possible.
6. The traditional surgeon must stay with the initiate at the Initiation School 24 hours a day during the first eight days of the initiation process, and after the lapse of the first eight days of the initiation process, he must be available to the initiate, and such a measure may in appropriate circumstances include a departure from the traditional methods.
7. The District Medical Officer is entitled to prescribe and supply any measure at any stage of the circumcision process that he or she on reasonable grounds deems necessary in the interest of the good health of the initiate, and such a measure may in appropriate circumstances include a departure from the traditional methods.

- 8. The traditional surgeon must co-operate at all times with the District Medical Officer in respect of any directive given or decision made by a District Medical Officer under the powers vested in the District Medical Officer by this Act.

I,, traditional surgeon, hereby accept and agree to the conditions referred to in Annexure B and undertake to provide the District Medical Officer with proof regarding compliance with above conditions within one month of the date below.

.....
Traditional surgeon

Name

Date

I,, District Medical Officer, hereby confirm that the conditions referred to in Annexure B have been explained to the traditional surgeon in the official language understood by him or her.

.....
District Medical Officer

Name

Date

ANNEXURE C

PARENTAL CONSENT

I,

ID No.....,

Residential address

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.....

.....

.....

1. confirm that I am the parent of:

..... (name of the prospective initiate),
who is attending Initiation School and who will be undergoing a circumcision;

2. acknowledge that I understand the conditions for obtaining permission to perform
circumcision and the conditions for obtaining permission for holding an Initiation School or
for treating initiates, which conditions bind the traditional surgeon; and

3. consent to my child attending Initiation School and undergoing a circumcision operation.

.....
SIGNATURE OF THE PARENT

Name

Date

WITNESSES:

1.

2.

ANNEXURE D

CONSENT BY INITIATE

I,

ID No.....,

Residential address

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.....
.....
.....

- 1. confirm that I, as a Prospective Initiate, will be attending Initiation School and be undergoing a circumcision operation;
- 2. acknowledge that I understand the conditions for obtaining permission to perform circumcision and the conditions for obtaining permission for holding an Initiation School or for treating initiates, which conditions bind the traditional surgeon; and
- 3. consent to attendance of the Initiation School and to the circumcision.

.....
SIGNATURE OF THE PROSPECTIVE INITIATE

Name

Date

WITNESSES:

- 1.
- 2.