

**MALE STERILISATION CONSENT BY PATIENT**

I.....

of.....

.....

hereby consent to undergo the operation of vasectomy, the nature of which has been explained to me by

Dr. Jonathan A. Masters.

I have been told the intention of the operation is to render me sterile and incapable of fathering a child. I also understand that two consecutive negative sperm counts must be obtained before I abandon other methods of contraception.

I understand the details and possible complications of vasectomy including the possibility I may not become or remain sterile.

I also consent to the administration of a local anaesthetic.

Signature.....(patient)

Date.....

**TO BE SIGNED BY THE AUTHORISED PERSON PERFORMING THE OPERATION**

I hereby certify that I am satisfied that the person was properly counseled about the nature and results of the operation and was fully aware of the other available methods of contraception, and in the light of this information, freely consented to the operation.

Signature.....(surgeon)

Date.....