



MOTORSPORT SOUTH AFRICA NPC

Reg. No 1995/005605/08

MSA MEDICAL COMPLIANCE FORM

This form to be submitted, fully completed to Motorsport South Africa by no later than 10 days before the event. Failure to adhere to the timelines could result in penalties for the club/organiser and/or medical service provider.

IF YOUR EVENT IS A 2 DAY EVENT (OR MORE), A MEDICAL COMPLIANCE MUST BE COMPLETED FOR EACH DAY

PARTICULARS PERTAINING TO CLUB / ORGANISER / PROMOTER

To be completed by the Club / Organiser

Name of Club/Promoter NATAL WFO					Venue Myddleton Dam, R612, Creighton	Category e.g. Motocross/Oval ENDURO	PERMIT No. MSA16677
Status of event Int. <input type="checkbox"/> Nat. <input checked="" type="checkbox"/> Reg. <input type="checkbox"/> Club <input checked="" type="checkbox"/> Official Practice <input type="checkbox"/>					Date of event 24-Sep-21	Circuit/Track length (one lap)	If loops, distance of each loop
No. of Competitors per class/category (Itemised) 150					Start Time 06H00	Duration 8 - 10 Hours	Expected No. of Spectators 30 OFFICIALS 500 CREW
Name of Organiser NADINE YOUNG					Signature 	Date 17 SEPTEMBER 2021	Provincial Licence no. ERL0015
Clerk of the Course JACK CHENEY					Signature (Signed on event day)	Date	Medical Service Provider's BHF Practice no. 009 003 0699594

PARTICULARS PERTAINING TO OPERATIONAL MEDICAL PERSONNEL

To be completed by Medical Service Provider CMO / CMC - NB: PLEASE INSERT MEDICAL SERVICE PROVIDER'S BHF PRACTICE NUMBER ✓

(NO MEDICAL COMPLIANCE WILL BE SIGNED WITHOUT A BHF NUMBER OR MSA LICENCE NO. FOR THE CMO/CMC)

Name of CMO/CMC for this event N MNDEBELE	Qualification ECP	HPCSA Reg. No. ECP0008869	Contact Number 074 1497 911																												
Name of Ambulance Service MIDLANDS EMS	Contact Name M WINTERBOER	Contact Number 072 807 8942	<table border="1"> <thead> <tr> <th colspan="4">Medical Staff Deployment (insert 'X' in relevant box)</th> </tr> <tr> <th>Med. Centre</th> <th>Med. Car/RV</th> <th>Ambu.</th> <th>Ground Post</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> <tr> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Medical Staff Deployment (insert 'X' in relevant box)				Med. Centre	Med. Car/RV	Ambu.	Ground Post			X			X					X									
Medical Staff Deployment (insert 'X' in relevant box)																															
Med. Centre	Med. Car/RV	Ambu.		Ground Post																											
		X																													
	X																														
		X																													
Circuit Medical Staff Initial & Surname (incl. CMO/CMC) N Mndebele M Winterboer T Van Den Berg	Qualification ECP ILS ILS	HPCSA Reg. No. ECP0008869 ANA00098256 ANA167525																													
No. of circuit Medical vehicles: <input type="checkbox"/>	Med. Car/Response <input checked="" type="checkbox"/>	ALS ambulance <input checked="" type="checkbox"/>	ILS ambulance <input type="checkbox"/>																												

Spectator Medical Staff Initial & Surname	Qualification / Level of Care	HPCSA Reg. No. (if applicable)	Spect. Point	Ambu.	Med. Car/RV	Med. Centre

Aero-Medical Helicopter Provider NETCARE	Contact Number 082911	On Site <input type="checkbox"/> On Standby <input checked="" type="checkbox"/> Not required <input type="checkbox"/>	Aeromedical Level of Care Doctor <input type="checkbox"/> ALS <input type="checkbox"/> X <input checked="" type="checkbox"/>
---	--------------------------	---	---

Name of Hospital for Emergency Treatment Christ The King Ixopo	Contact Name CASUALTY	Contact Number 039 8347750	Distance from Venue (km & time) 6,8km
Name of Hospital for Definitive Treatment St Appolonaris	Contact Name CASUALTY	Contact Number 039 8339001	Distance from Venue (km & time) 54km

The CMO/CMC confirms facilities are in place for Anti-Doping testing and that they will act as the Doping Control Officer should testing be performed.

If changes occur to the medical personnel listed above, the confirmed list must be submitted to MSA by 16:00 on the Tuesday preceding the event.

By signing this Medical Compliance Form the Service Provider acknowledges the provisions of Appendix L and certifies that all requirements have been met as stipulated. As the service provider, the provisions of Article 9. are acknowledged and accepted.

Full Name of CMC/CMO N Mndebele	Signature of CMO/CMC 	Date 08 September 2021	HPCSA Reg. No. ECP0008869	MSA Licence No.
------------------------------------	--------------------------	---------------------------	------------------------------	-----------------

The completed form must be submitted to the Clerk of the Course for the event, who must confirm with the MSA Steward the attendance of all medical personnel & services on the day of the event, at the start of documentation and sign the form. Please ensure that the SIGNED form is returned to MSA by Tuesday 16h00 following the event.

FOR OFFICE USE ONLY

Level of initial review Club <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/>	Date Received	Date Reviewed	Recommendation Approved <input type="checkbox"/> Declined <input type="checkbox"/>
--	---------------	---------------	---

Reason(s) for Declination

Initial Reviewer Initial & Surname Glen Preston	Signature 	Date 23/09/2021
MSA Head Office Reviewer Initial & Surname	Signature	Date