



# 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 timeline 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 <b>NATAL WFO</b>					Venue <b>MYDDLETON DAM CREIGHTON</b>	Category e.g. Motocross/Oval <b>ENDURO</b>	PERMIT No. <b>MSA 16433</b>
Status of event Int. <input type="checkbox"/> Nat. <input checked="" type="checkbox"/> Reg. <input checked="" type="checkbox"/> Club <input checked="" type="checkbox"/> Official Practice <input type="checkbox"/>					Date of event <b>14-Nov-20</b>	Circuit/Track length (one lap) <b>18KM</b>	If loops, distance of each loop <b>18KM</b>
No. of Competitors per class/category (Itemised) 120					Start Time <b>06H00</b>	Duration <b>6-8 HOURS</b>	Expected No. of Spectators <b>NIL</b>
Name of Organiser <b>NADINE YOUNG</b>					Signature 	Date <b>15-Oct-20</b>	Provincial Licence no.
Clerk of the Course <b>JACK CHENEY</b>					Signature (Signed on event day)	Date	Medical Service Provider's BHF Practice no. <b>0090030699594</b>

### 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 <b>Xolani Mpanza</b>	Qualification <b>ECP</b>	HPCSA Reg. No. <b>ECP0005312</b>	Contact Number <b>0767992695</b>																																				
Name of Ambulance Service <b>Midlands EMS</b>	Contact Name <b>Mark Winterboer</b>	Contact Number <b>072 807 8942</b>																																					
Circuit Medical Staff Initial & Surname (Incl. CMO/CMC) <b>Xolani Mpanza</b> <b>Shaun Hoft</b> <b>Zola Ndlovu</b>	Qualification <b>ECP</b> <b>ILS</b> <b>BLS</b>	HPCSA Reg. No. <b>ECP0005312</b> <b>ANA0102237</b> <b>BAA1532057</b>	Medical Staff Deployment (insert 'X' in relevant box)																																				
No. of circuit Medical vehicles: <input type="checkbox"/> Med. Car/Response <input type="checkbox"/>	ALS ambulance <input type="checkbox"/> <b>1</b>	ILS ambulance <input type="checkbox"/>	<table border="1"> <thead> <tr> <th>Med. Centre</th> <th>Med. Car/RV</th> <th>Ambu.</th> <th>Ground Post</th> </tr> </thead> <tbody> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>X</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> <tr> <td></td> <td></td> <td></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>	Med. Centre	Med. Car/RV	Ambu.	Ground Post	X						X				X																					
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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 <b>NETCARE 911 HEMS</b>	Contact Number <b>082 911</b>	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"/> <b>X</b>
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Name of Hospital for Emergency Treatment <b>Life Hilton Hospital</b>	Contact Name <b>Elaine / Casualty</b>	Contact Number <b>033 329 5605</b>	Distance from Venue (km & time) <b>139</b>
Name of Hospital for Definitive Treatment <b>Netcare St Annes Hospital</b>	Contact Name <b>Farzana / Casualty</b>	Contact Number <b>0338975000</b>	Distance from Venue (km & time) <b>119km</b>

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 <b>Xolani Mpanza</b>	Signature of CMO/CMC 	Date <b>14/10/2020</b>	HPCSA Reg. No. <b>ECP0005312</b>	MSA Licence No. <b>CMC105/19</b>
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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 checked="" type="checkbox"/> National <input type="checkbox"/>	Date Received <b>2 November 2020</b>	Date Reviewed <b>2 November 2020</b>	Recommendation <b>X</b> Approved <input type="checkbox"/> Declined <input type="checkbox"/>
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Reason(s) for Declination

Initial Reviewer Initial & Surname <b>G Preston</b>	Signature 	Date <b>3 November 2020</b>
MSA Head Office Reviewer Initial & Surname	Signature	Date