



# 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>HEIDELBERG 4X4 ADVENTURE CENTRE</b>	Category e.g. Motocross/Oval <b>ENDURO</b>	PERMIT No. <b>MSA 16731</b>
Status of event					Date of event <b>06-Nov-21</b>	Circuit/Track length (one lap) <b>GOLD 8.5KM/SILVER 8KM/BRONZE 7KM</b>	If loops, distance of each loop
Int.	Nat. <input checked="" type="checkbox"/>	Reg.	Club <input checked="" type="checkbox"/>	Official Practice	Start Time <b>06H00</b>	Duration <b>8 HOURS</b>	Expected No. of Spectators <b>150</b>
No. of Competitors per class/category (Itemised)					Signature 	Date <b>26-Oct-21</b>	Provincial Licence no. <b>ERL0015</b>
Name of Organiser <b>NADINE YOUNG</b>					Signature (signed on event day)	Date	Medical Service Provider's BHF Practice no. <b>0090030699594</b>
Clerk of the Course <b>JACK CHENEY</b>							

### PARTICULARS PERTAINING TO OPERATIONAL MEDICAL PERSONNEL

To be completed by Medical Service Provider CMO / CMC -

(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>M VISSER</b>		Qualification <b>ECP</b>	HPCSA Reg. No. <b>ECP0006106</b>	Contact Number <b>0741497911</b>
Name of Ambulance Service <b>Midlands EMS</b>		Contact Name <b>MARK</b>	Contact Number <b>072 807 8942.</b>	
Circuit Medical Staff Initial & Surname (incl. CMO/CMC)		Qualification	HPCSA Reg. No.	
<b>M VISSER</b>		<b>ECP</b>	<b>ECP0006106</b>	
<b>M WINTERBOER</b>		<b>ILS</b>	<b>ANA0098256</b>	
<b>R ROBERTSON</b>		<b>ILS</b>	<b>ANA0177555</b>	
No. of circuit Medical vehicles:	Med. Car/Response <input checked="" type="checkbox"/>	ALS ambulance <input checked="" type="checkbox"/>	ILS ambulance	

Medical Staff Deployment (insert 'X' in relevant box)			
Med. Centre	Med. Car/RV	Ambu.	Ground Post
		X	
		X	
		X	

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</b>	Contact Number <b>082 911</b>	On Site <input checked="" type="checkbox"/> Standby <input type="checkbox"/> Not required <input type="checkbox"/>	Aeromedical Level of Care Doctor <input type="checkbox"/> ALS <input checked="" type="checkbox"/> X
Name of Hospital for Emergency Treatment <b>LIFE SUIKERBOSRAND</b>	Contact Name <b>CASUALTY</b>	Contact Number <b>016 3429200.</b>	Distance from Venue (km & time) <b>3,4KM</b>
Name of Hospital for Definitive Treatment <b>Heidelberg Provincial Hospital</b>	Contact Name <b>CASUALTY</b>	Contact Number <b>016 341 1100.</b>	Distance from Venue (km & time) <b>2,4 KM</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>M VISSER</b>	Signature of CMO/CMC 	Date <b>30/10/2021</b>	HPCSA Reg. No. <b>ECP0006106.</b>	MSA Licence No.
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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	Date Received	Date Reviewed	Recommendation
Club <input checked="" type="checkbox"/> Regional <input type="checkbox"/> National <input checked="" type="checkbox"/>	<b>02.11.2021</b>	<b>02.11.2021</b>	Approved <input checked="" type="checkbox"/> Declined <input type="checkbox"/>
Reason(s) for Declination	Initial Reviewer Initial & Surname <b>R. MONTEIRO</b>	Signature 	Date <b>02.11.2021</b>
	MSA Head Office Reviewer Initial & Surname	Signature 	Date