



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 NATAL WFO					Venue MKOBENI FARM, RICHMOND		Category e.g. Motocross/Oval ENDURO		PERMIT No.	
Status of event					Date of event 29-Aug-20		Circuit/Track length (one lap) 25KM		If loops, distance of each loop 25KM	
Int.	Nat.	Reg.X	Club X	Official Practice	Start Time 06H00		Duration 8 HOURS		Expected No. of Spectators 100	
No. of Competitors per class/category (Itemised)					Signature 		Date 14-Aug-20		Provincial Licence no.	
100					Signature (Signed on event day)		Date		Medical Service Provider's BHF Practice no. 009 003 069 9594	
Name of Organiser NADINE FLANAGAN					Clerk of the Course JACK CHENEY					

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 Johann Mc Dermott		Qualification Advanced Life Support		HPCSA Reg. No. ANT0014524		Contact Number 076 704 2553																																	
Name of Ambulance Service Midlands EMS		Contact Name Mark Winterboer		Contact Number 072 807 8942																																			
Circuit Medical Staff Initial & Surname (incl. CMO/CMC)		Qualification		HPCSA Reg. No.		Medical Staff Deployment (Insert 'X' in relevant box)																																	
Johann Mc Dermott		ALS		ANT0014524		<table border="1"> <tr> <th>Med. Centre</th> <th>Med. Car/RV</th> <th>Ambu.</th> <th>Ground Post</th> </tr> <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> </table>		Med. Centre	Med. Car/RV	Ambu.	Ground Post	X						X				X																	
Med. Centre	Med. Car/RV	Ambu.	Ground Post																																				
X																																							
		X																																					
		X																																					
Jason Lisher		ILS		ANA0102237																																			
Shaun Hoft		ILS		ANA0118125																																			
No. of circuit Medical vehicles:		Med. Car/Response		ALS ambulance		ILS ambulance																																	
1						1																																	

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 911	Contact Number 082 911	On Site	On Standby	Not required	Aeromedical Level of Care
					Doctor
					ALS
					X

Name of Hospital for Emergency Treatment Netcare St Anne's Hospital	Contact Name Emergency Center	Contact Number (033) 897 5055	Distance from Venue (km & time) 50km
Name of Hospital for Definitive Treatment Life Hilton Hospital	Contact Name Emergency Center	Contact Number (033) 329 5605	Distance from Venue (km & time) 65km

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 of the MSA Handbook 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 Johann Mc Dermott	Signature of CMO/CMC 	Date 17/08/2020	HPCSA Reg. No. ANT0014524	MSA Licence No. 2018
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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	22/8/2020	22/8/2020	X Approved
Regional			Declined
X National			

Reason(s) for Declination

Initial Reviewer Initial & Surname G Preston	Signature 	Date 24/8/2020
MSA Head Office Reviewer Initial & Surname	Signature	Date