

**MOTORSPORT SOUTH AFRICA NPC**

Reg. No 1995/005605/08

MEDICAL ATTENDANCE REGISTER for 2026

COMPLETED BY:		DATE:			ANY DEVIATION FROM MEDICAL COMPLIANCE FORM?
DESIGNATION:	MSA Steward	EVENT:			YES NO
MEDICAL SERVICE PROVIDER:		VENUE:			
BHF NUMBER:		NO. COMPETITORS:			If YES, please provide details in COMMENTS section
HELICOPTER:	ON SITE	ON STANDBY (Please circle one)	STATUS:	CLUB REGIONAL NATIONAL Please circle one	INTERNATIONAL*
HELICOPTER SERVICE PROVIDER:			** For INTERNATIONAL events: Please print the required number of sheets to ensure all staff members are included		

MEDICAL PERSONNEL (CMO / CMC to be included)		HPCSA Reg. No.	Qualification						Deployment				Signature
	Initial & Surname		Dr	ALS	ILS	BLS	Nurse	1st Aider	Med. Centre	Med. RV	Ambulance	Ground post	
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COMMENTS:

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SIGNED (MSA STEWARD):

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CONFIRMED CORRECT BY:

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SIGNED (CMO / CMC):

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DESIGNATION: **CMO** **CMC**
(Please circle one)

CMO ATTENDANCE AT MSA MEDICAL SEMINAR:

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Date