



MOTORSPORT SOUTH AFRICA NPC

Reg. No 1995/005605/08

MEDICAL ATTENDANCE REGISTER for 2026

COMPLETED BY:

DESIGNATION:

MSA Steward

MEDICAL SERVICE PROVIDER:

BHF NUMBER:

HELICOPTER:

ON SITE

ON STANDBY (Please circle one)

DATE:

EVENT:

VENUE:

NO. COMPETITORS:

ANY DEVIATION FROM
MEDICAL COMPLIANCE
FORM?

YES NO

If YES, please provide details in
COMMENTS section

HELICOPTER SERVICE PROVIDER:

STATUS:

CLUB

REGIONAL

NATIONAL

INTERNATIONAL**

Please circle one

** For INTERNATIONAL events: Please print the required number of sheets to ensure all
staff members are included

MEDICAL PERSONNEL

(CMO / CMC to be included)

Please tick the relevant column

MEDICAL PERSONNEL <small>(Only 7 GPs to be included)</small>			Please tick the relevant column													Signature
Initial & Surname	HPCSA Reg. No.	Qualification							Deployment							
		Dr	ALS	ILS	BLS	Nurse	1st Aider	Med. Centre	Med. RV	Ambulance	Ground post	Spectators	Helicopter			
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COMMENTS:

SIGNED (MSA STEWARD):

CONFIRMED CORRECT BY:

DESIGNATION:

CMO

CMC

(Please circle one)

SIGNED (CMO / CMC):

CMO ATTENDANCE AT MSA MEDICAL SEMINAR:

Date