



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					Venue	Category e.g. Motocross / Oval	Permit number:
Status of event					Date of event	Circuit / Track length (one lap)	If loops, distance of each loop
Int.	Nat.	Reg.	Club	Official Practice	Start Time	Duration	Expected No. of Spectators
No. of Competitors per class/category (Itemised)					Signature	Date	Provincial Licence no.
Name of Organiser/Event Secretary					Signature (Signed on event day)	Date	Medical Service Provider's BHF Practice no.
Clerk of the Course							

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 7

(NO MEDICAL COMPLIANCE WILL BE SIGNED WITHOUT A BHF NUMBER OR MSA LICENCE NUMBER FOR THE CMO / CMC)

Name of CMO / CMC for this event	Qualification	HPCSA Reg. No.	Contact Number
Name of Ambulance Service	Contact Name	Contact Number	
Circuit Medical Staff Initial & Surname (incl. CMO / CMC)	Qualification	HPCSA Reg. No.	Medical Staff Deployment (insert 'X' in relevant box)
			Med. Centre
			Med. Car/RV
			Ambu.
			Ground Post
No. of circuit Medical vehicles:	Med. Car / Response	ALS ambulance	ILS ambulance

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

Name of Hospital for Emergency Treatment	Contact Name	Contact Number	Distance from Venue (km & time)
Name of Hospital for Definitive Treatment	Contact Name	Contact Number	Distance from Venue (km & time)

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	Signature of CMO / CMC	Date	HPCSA Reg. No.	MSA Licence No.

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 12h00 following the event.

FOR OFFICE USE ONLY

Level of initial review	Date Received	Date Reviewed	Recommendation
Club			Approved
Regional			Declined
National			
Reason(s) for Declination			
Initial Reviewer Initial & Surname	Signature	Date	
MSA Head Office Reviewer Initial & Surname	Signature	Date	