



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 HOME OF TITANS RACING	Category e.g. Motocross / Oval ENDURO	Permit number: MSA16515
Status of event Int. <input checked="" type="checkbox"/> Reg. <input checked="" type="checkbox"/> Official Practice <input checked="" type="checkbox"/>	Date of event 20 March 2021	Circuit / Track length (one lap) 18km	If loops, distance of each loop	
No. of Competitors per class/category (Itemised) 120	Start Time 06:00	Duration 8 hours	Expected No. of Spectators 0	
Name of Organiser NADINE YOUNG	Signature 	Date 22 FEBRUARY 2021	Provincial Licence no. M.A.T.E.R EMS No 44/2020	
Clerk of the Course JACK CHENEY	Signature (Signed on event day)	Date	Medical Service Provider's BHF Practice no. 0090020550736	

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 NUMBER FOR THE CMO / CMC)

Name of CMO / CMC for this event R PRETORIUS	Qualification PARAMEDIC	HPCSA Reg. No. ANT 0000310	Contact Number 082 414 6483
Name of Ambulance Service MATER EMS	Contact Name L NEETHLING	Contact Number 0 83 409 3694	
Circuit Medical Staff Initial & Surname (incl. CMO / CMC)	Qualification	HPCSA Reg. No.	Medical Staff Deployment (insert 'X' in relevant box)
R PRETORIUS	PARAMEDIC	ANT 0000310	Med. Centre <input type="checkbox"/> Med. Car/RV <input checked="" type="checkbox"/> Ambu. <input type="checkbox"/> Ground Post <input type="checkbox"/>
J BOOYSE	ECPS	ECPS 0011940	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D ELLIOTT	ANA		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
M DU PLOOY	ANA	ANA 0069485	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D DU PLOOY	FA	FA	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
K MOKWENA	BAA	BAA 0948519	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
C LEKALA	ANA	ANA 0182265	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
T VULENI	BAA	BAA 1504410	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of circuit Medical vehicles: 1	ALS ambulance 0	ILS ambulance 2	

Spectator Medical Staff Initial & Surname	Qualification / Level of Care	HPCSA Reg. No. (if applicable)	Spect. Point	Ambu.	Med. Car/RV	Med. Centre
M DU PLOOY	ANA	ANA 0069485				<input checked="" type="checkbox"/>
D DU PLOOY	FA	FA				<input checked="" type="checkbox"/>

Aero-Medical Helicopter Provider HALO	Contact Number 861 116 107	On Site <input type="checkbox"/> On Standby <input type="checkbox"/> Not required <input type="checkbox"/>	Acromedical Level of Care Doctor <input type="checkbox"/> ALS <input type="checkbox"/> <input checked="" type="checkbox"/>
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Name of Hospital for Emergency Treatment Mediclinic Brits Fourways Life	Contact Name Casualty Professional Nurse	Contact Number (012) 252 8000 (011) 875 1000	Distance from Venue (km & time) 27km / 31min 37km / 37min
Name of Hospital for Definitive Treatment Netcare Milpark	Contact Name N Baltsoacos	Contact Number 076 293 7195	Distance from Venue (km & time) 58km / 60min

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 RUDI PRETORIUS	Signature of CMO / CMC 	Date 20-Feb-21	HPCSA Reg. No. ANT 0000310	MSA Licence No. 02/18
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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 12h00 following the event.

FOR OFFICE USE ONLY

Level of initial review Club <input checked="" type="checkbox"/> Regional <input type="checkbox"/> National <input checked="" type="checkbox"/>	Date Received 16.03.2021	Date Reviewed 16.03.2021	Recommendation Approved <input checked="" type="checkbox"/> Declined <input type="checkbox"/>
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Initial Reviewer Initial & Surname R. MONTSEIRO	Signature 	Date 16.03.2021
MSA Head Office Reviewer Initial & Surname	Signature	Date