

MOTORSPORT SOUTH AFRICA NPC

Reg. No. 13603002300

2017 MEDICAL COMPLIANCE FORM

IF YOUR EVENT IS A 2 DAY EVENT FOR MORE A MEDICAL COMPLIANCE MUST BE COMPLETED FOR EACH DAY

Name of Club/Member CAPRICORN RACING		Name Phakisa Racingway	Circuit Circuit	FISMT No.
Date of event 2017/02/24		Circuit/Track Length (km)	If known, distance of each lap	
Start Time 08:00		Duration 11:00	Expected No. of Spectators 1000	
Name of Member KARL BARNES		Signature <i>[Signature]</i>	Date 21/2/2017	
Club of the Member J. SMITH		Signature (signed on event card)	Medical Number Provider's BIP Practice No. 000000047651	

NO PERSONAL COMPLIANCE WILL BE GRANTED WITHOUT A BIP FORM

Name of Clinic/AC for this event Annelize Marais	Qualification ALS	FPCSA Reg. No. ANT0022144	Contact Number 081 062 9861
Name of Ambulance Service ER24	Contact Name Pieter Bekker	Contact Number 071 882 4363	

Qualification	FPCSA Reg. No.	Med. Centre	Med. Centre	Ambs.	Ground Prof.
ALS	AN 0030578			X	
BLS	ANA0127221				X
ECT	GC10003824	X			
BLS	BA01442996			X	
ALS	PJA0171182			X	
ALS	ANT 22144		X		

ALS Ambulance	0	BLS Ambulance	2	BLS Ambulance	0
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Qualification / Level of Care	FPCSA Reg. No. of Practitioner	Spec. Prof.	Ambs.	Med. Centre	Med. Centre

Name Medical Helicopter Provider FSDoH	Contact Number 10177	On Site <input checked="" type="checkbox"/>	Med. Required <input checked="" type="checkbox"/>	Referral Level of Care Doctor <input type="checkbox"/> ALS <input type="checkbox"/> X <input checked="" type="checkbox"/>
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Name of Hospital for Emergency Treatment Wetton Mediclinic	Contact Name Marissa Pawson	Contact Number 057 916 5555	Distance from Venue (km & Road) Approx 140km
Name of Hospital for Definitive Treatment Bloemfontein Mediclinic	Contact Name Barbara Stomkemp	Contact Number 051 404 8425	Distance from Venue (km & Road) Approx 140km

The CRO/ACC 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 08:00 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 CRO/ACC Annelize Marais	Signature of CRO/ACC <i>[Signature]</i>	Date 16/2/2017	FPCSA Reg. No. ANT221144	MSA Licence No.
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Level of Initial Review Club <input checked="" type="checkbox"/> Regional <input type="checkbox"/> National <input checked="" type="checkbox"/>	Date Reviewed 02/02/17	Date Reviewed 02/02/17	Recommendation Approved <input checked="" type="checkbox"/> Declined <input type="checkbox"/>
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Name of Person Initial & Surname R. Pretorius	Signature <i>[Signature]</i>	Date 02/02/17
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MOTORSPORT SOUTH AFRICA NPG

Reg. No. 19400/08/09

2017 MEDICAL COMPLIANCE FORM

IF YOUR EVENT IS A DAY EVENT FOR HORSES, A MEDICAL COMPLIANCE MUST BE COMPLETED FOR EACH DAY

Name of Club/Person: **CAROLINA RACING**

Event: **Phakisa Raceway Circuit**

Date of event: **2017/02/25**

Circuit length: **4.24km**

Start Time: **08:00**

Day: **13:00**

Expected No. of Spectators: **1000**

Name of Organizer: **KAROL BENTON**

Date: **21/2/2017**

Name of the Course: **J. SMITH**

Medical Service Provider's Ref. Number: **0020000047681**

Name of CHOC/SAFSA Rep: **Annelize Marais**

Name of Ambulance Service: **ER24**

Qualification: **ALS**

SAFSA Ref. No.: **ANT0032144**

Contact Number: **081 062 9881**

Other Medical Staff (Listed & Approved):

Melanie Kuhn	ALS	SAFSA Ref. No.	AN 28030578	SAFSA License No.	
Liesel Kuhn	BLS		ANA0127221		
Lorato Maronde	ECG		EC00003824		
Karoo Rameloa	BLS		BA01442996		
Michelle Klock	LS		BNA0171182		
Annelize Marais	ALS		ANT22144		

SAFSA License No. **ANT22144**

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Name of Hospital for Emergency Treatment: **FSDOH**

Contact Number: **10177**

On Site: Yes No

Name of Hospital for Definitive Treatment: **Wilton Mediclinic**

Contact Number: **057 946 6555**

Name of Hospital for Definitive Treatment: **Bicentennial Mediclinic**

Contact Number: **051 434 8425**

Distance from Venue (km & Road): **Approx 140km**

Distance from Venue (km & Road): **Approx 140km**

The CHOC/SAFSA confirms facilities are in place for Self-Diagnosing 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 SSA by 18:00 on the Tuesday preceding the event

By signing this Medical Compliance Form the Service Provider acknowledges the provisions of Appendix 1, of the SSA Handbook and certifies that all requirements have been met as stipulated. As the service provider, the provisions of Article 5, are acknowledged and accepted.

Name of CHOC/SAFSA: **Annelize Marais**

Signature of CHOC/SAFSA: **[Signature]**

Date: **16/2/2017**

SAFSA Ref. No.: **ANT22144**

SAFSA License No.: **ANT22144**

Level of Medical Services:

Club: Regional: National:

Date Received: **22/02/17**

Date Returned: **22/02/17**

Signature: **[Signature]**

Date: **22/02/17**

Initials of Medical Officer & Services: **K. Klobis**