



# NMSF MEDICAL COMPLIANCE FORM

This form to be submitted, fully completed to the NMSF Office by no later than 10 days before the event. Failure to adhere to the timeline could result in penalties for the club/organizer.

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

## 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 ↗

(NO MEDICAL COMPLIANCE FORM WILL BE SIGNED WITHOUT A BHF NUMBER OR NMSF LICENSE NO. FOR THE CMO/CMC)

Name of CMO/CMC for this event		Qualification	HPCNA Reg. No.	Contact Number																																								
Name of Ambulance Service		Contact Name	Contact Number																																									
Circuit Medical Staff Initial & Surname (incl. CMO/CMC)		Qualification	HPCNA Reg. No.	<table border="1" style="width: 100%; text-align: center; font-size: x-small;"> <tr> <th colspan="4">Medical Staff Deployment (insert 'X' in relevant box)</th> </tr> <tr> <th>Med. Centre</th> <th>Med. Car/RV</th> <th>Ambu.</th> <th>Ground Post</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	Medical Staff Deployment (insert 'X' in relevant box)				Med. Centre	Med. Car/RV	Ambu.	Ground Post																																
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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	HPCNA Reg. No. (if applicable)	Spect. Point	Ambu.	Med. Car/RV	Med. Centre

Aero-Medical Helicopter Provider	Contact Number	<table border="1" style="width: 100%; text-align: center; font-size: x-small;"> <tr> <td>On Site</td> <td>On Standby</td> <td>Not required</td> </tr> </table>	On Site	On Standby	Not required	Aeromedical Level of Care
On Site	On Standby	Not required				
			<table border="1" style="width: 100%; text-align: center; font-size: x-small;"> <tr> <td>Doctor</td> <td>ALS</td> </tr> </table>	Doctor	ALS	
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 of the NMSF Handbook and certifies that all requirements have been met as stipulated.

Full Name of CMC/CMO	Signature of CMO/CMC	Date	HPCNA Reg. No.	NMSF Licence No.

The completed form must be submitted to the Clerk of the Course for the event, who must confirm with the NMSF 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 the NMSF by 16:00 Tuesday following the event.

### FOR OFFICE USE ONLY

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