



Namibian Motorsport Federation
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 Windhoek

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NAMIBIA MOTORSPORT FEDERATION - MEDICAL REPORT

Permit No					
Event Name			Doctor Chief Medical Officer Clerk of the Course NMSF Steward	No. of Ambulances	
Category				No. of Response cars	
Club Name				No. of Doctors	
Event Status		Date:		No. of Paramedics	
Venue				No. of first aid officers	
Secretary			Helicopter Present		
Were the local hospitals informed:					
Were local Police informed:					
Was there a safety plan:					
Clerk of the Course Comments. (Attach additional report if required)					
Chief Medical Officer Comments (Attach additional report if Required)					
Clerk of the Course			NMSF Steward		
Signature:			Signature:		
Chief Medical Officer:					
Signature:					