



WOMZA2WHEELS - W2W BIKES

73 Miles Sharp Street, Rynfield, Benoni, 1501

Tel: 011 849 4142 Cell: 074 959 1209 Fax: 086 568 2194 email: fionaj1@telkomsa.net

AFTER COMPLETION PLEASE MAIL TO fionaj1@telkomsa.net

2018 MEDICAL COMPLIANCE FORM

PLEASE NOTIFY HOSPITAL OF EVENT TAKING PLACE

IF YOUR EVENT IS A 2 DAY EVENT (OR MORE), A MEDICAL COMPLIANCE MUST BE COMPLETED FOR EACH DAY

Name of Club/Promoter	Venue	Category e.g. Motocross/Enduro/Off-Road	Permit No
Status of Event	Date of Event	Circuit/Track length (one lap)	If Loops, distance of each loop
Number of Competitors	Start Time	Duration	
Name of Organiser	Signature	Date	
Clerk Of The Course	Signature (signed on event day)	Date	
PARTICULARS PERTAINING TO OPERATIONAL MEDICAL PERSONNEL To be completed by Medical Service Provider CMO/CMC			
Name of CMO/CMC for this event	Qualifications	HPSCSA Reg. No.	Contact Number
Name of Ambulance Service	Contact Name	Contact Number	
Circuit Medical Staff Initial & Surname	Qualification	HPCSA Reg. No.	
Number of Ambulances at venue			
Number of Ambulances on standby			
Spectator Medical Staff Initial & Surname	Qualification / Level of Care	HPCSA Reg. No. (If applicable)	
Aero-Medical Helicopter Provider	Contact Number	On Site / On Standby / Not Required	
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 W2W BIKES by 16:00 on the Tuesday preceeding the event By signing this Medical Compliance Form the Service Provider acknowledges the prescribed medical compliance as set out by W2W BIKES and certifies that all requirements have been met as stipulated.			
Full Name of CMC/CMO	Signature of CMO/CMC	Date	HPCSA Reg. No.
The completed form must be submitted to the Clerk of the Course for the event, who must confirm with the Jury President 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 W2W BIKES by Tuesday 16h00 following the event			
FOR OFFICE USE ONLY			
Level of initial review	Date Received	Date Reviewed	Approved / Declined
Reason(s) for Declination			
Medical Approval By	Signature	Date	
W2W BIKES Reviewer Initial & Surname	Signature	Date	