



WOMZA2WHEELS

73 MILES SHARP STREET, RYNFIELD, BENONI, 1501
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MEDICAL ATTENDANCE REGISTER for 2018

COMPLETED BY:

DESIGNATION:

MEDICAL SERVICE PROVIDER:

HELICOPTER: **ON SITE** **ON STANDBY** (Please circle one)

HELICOPTER SERVICE PROVIDER:

DATE:

EVENT:

VENUE:

NO. COMPETITORS:

STATUS: **CLUB** **REGIONAL** **NATIONAL** **INTERNATIONAL****
 Please circle one

ANY DEVIATION FROM
 MEDICAL COMPLIANCE
 FORM?

YES NO

If YES, please provide details in
 COMMENTS section

** For INTERNATIONAL events: Please print the required number of sheets to ensure all staff members are included

MEDICAL PERSONNEL (CMO / CMC included)

Please tick the relevant column

	Initial & Surname	HPCSA Reg. No.	Qualification							Deployment				Signature	
			Dr	ALS	ILS	BLS	Nurse	1st aider	Med. Centre	Med. Car	Ambu lance	Ground post	Specta tors		Helico pter
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COMMENTS:

SIGNED (W2W BIKES Jury):

CONFIRMED CORRECT BY:

SIGNED (CMO / CMC):

DESIGNATION: **CMO** **CMC**
 (Please circle one)