



2024 MEDICAL COMPLIANCE FORM

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

PARTICULARS PERTAINING TO FMN/CLUB / ORGANISER / PROMOTER

To be completed by the Club / Organiser

Name of FMN/Club/Promoter					Venue	Category e.g Motocross/ Enduro	FIM AFRICA PERMIT NO.
Status of event					Date of event	Circuit/Track length (one lap)	If loops, distance of each loop
MXoAN	CCoAN	Reg.MX	Reg.CC	Official Practice			
No. of Competitors per class/category (Itemised)					Start Time	Duration	
Name of Organiser					Signature	Date	
Clerk of the Course					Signature (Signed on event day)	Date	Medical service Provider's Practice no.

PARTICULARS PERTAINING TO OPERATIONAL MEDICAL PERSONNEL

To be completed by Medical Service Provider CMO / CMC - NB: PLEASE INSERT MEDICAL SERVICE PROVIDER'S PRACTICE NUMBER ↗

Name of CMO/CMC for this event		Qualification	Reg. no.	Contact Number
Name of Ambulance Service		Contact Name	Contact Number	
Circuit Medical Staff Initial & Surname (incl. CMO/CMC)		Qualification	Health Authority Registration no.	Medical Staff Deployment (insert 'X' in relevant box)
				Med. Centre
				Med. Car/RV
				Ambu.
				Ground Post
No. of circuit Medical vehicles:	Med. Car/Response	ALS ambulance	ILS ambulance	BLS ambulance

Spectator Medical Staff Initial & Surname	Qualification / Level of Care	Health Authority Reg. no (if applicable)	Spect. Centre	Ambu.	Med. Car/RV	Med. Centre

Aero-Medical Helicopter Provider	Contact Number	On Site	On Standby	Not required	Aeromedical Level of Care
					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 FIM Africa by 16:00 on the Tuesday preceding the event

By signing this Medical Compliance Form the Service Provider acknowledges the provisions of FIM Africa medical code and certifies that all requirements have been met as stipulated. As the service provider, the provisions of Article 4. are acknowledged and accepted.

Full Name of CMC/CMO	Signature of CMO/CMC	Date	Health Auth Reg. No.	FIM Africa Licence No.

The completed form must be submitted to the Clerk of the Course for the event, who must confirm with the FIM Africa 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 FIM Africa by Tuesday 16h00 following the event.

FOR OFFICE USE ONLY

Level of initial review	Date Received	Date Reviewed	Recommendation
Int. National			Approved Declined

Reason(s) for Declination	Initial Reviewer Initial & Surname	Signature	Date
	FIM Africa Reviewer Initial & Surname	Signature	Date