



FIM AFRICA MEDICAL ATTENDANCE REGISTER

This form is to be completed for each day of any FIM AFRICA event and submitted to the Clerk of Course (CoC) at the end of the event
The CoC is responsible for onward submission of this form to the FIM AFRICA Secretariat, to reach same within 3 working days after the event

COMPLETED BY:	<input type="text"/>	DATE:	<input type="text"/>
DESIGNATION:	<input type="text"/>	COUNTRY:	<input type="text"/>
CONTACT NUMBER:	<input type="text"/>	EVENT:	<input type="text"/>
MEDICAL SERVICE PROVIDER:	<input type="text"/>	NO. COMPETITORS:	<input type="text"/>
HELICOPTER:	<div>ON SITE ON STANDBY</div>	STATUS:	<div>CUP CHALLENGE CONTINENTAL</div>
<small>Please select one</small>			
HELICOPTER SERVICE PROVIDER:	<input type="text"/>	TRACK LENGTH:	<div><small>Please select one</small></div> <div><small>One loop only</small></div>

MEDICAL PERSONNEL
(CMO / CMC included) Please tick the relevant column

	Initial & Surname	Qualification					Deployment						Comments
		Dr	Paramedic Advanced	Paramedic Basic	Nurse	Other	Med. Centre	Med. Car	Ambu- lance	Ground post	Spect- ators	Helic- opter	
1													
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COMMENTS:

SIGNATURE:

Should you have more than 20 medical staff members on duty, please print additional copies of this form for completion