



## 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

<b>COMPLETED BY:</b> <input style="width: 90%;" type="text"/> <b>DESIGNATION:</b> <input style="width: 90%;" type="text"/> <b>CONTACT NUMBER:</b> <input style="width: 90%;" type="text"/> <b>MEDICAL SERVICE PROVIDER:</b> <input style="width: 90%;" type="text"/> <b>HELICOPTER:</b> <i>Please circle one</i> <b>ON SITE</b> <b>ON STANDBY</b> <b>HELICOPTER SERVICE PROVIDER:</b> <input style="width: 90%;" type="text"/>	<b>DATE:</b> <input style="width: 90%;" type="text"/> <b>COUNTRY:</b> <input style="width: 90%;" type="text"/> <b>EVENT:</b> <input style="width: 90%;" type="text"/> <b>NO. COMPETITORS:</b> <input style="width: 90%;" type="text"/> <b>STATUS:</b> <b>CUP / CHALLENGE / CONTINENTAL</b> <span style="text-align: right;"><i>Please circle one</i></span> <b>TRACK LENGTH:</b> <input style="width: 90%;" type="text"/> <span style="text-align: right;"><i>One loop only</i></span>
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**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	Heli copter	
1													
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**COMMENTS:**

**SIGNATURE:**