

No. R. 125

26 February 2010

**SECOND 2010 FIFA WORLD CUP SOUTH AFRICA SPECIAL MEASURES ACT, 2006  
(ACT NO. 12 OF 2006)**

**REGULATIONS RELATING TO THE ACCREDITATION OF FOREIGN MEDICAL  
CONTINGENTS AND APPROVAL OF MEDICINES, SCHEDULED SUBSTANCES AND  
MEDICAL DEVICES**

The Minister of Sport and Recreation South Africa has, in consultation with the Minister of Health in terms of section 6 of the Second FIFA World Cup South Africa Special Measures Act, 2006 (Act No. 12 of 2006), made the regulations in the Schedule.

**SCHEDULE**

**Definitions**

1. In these regulations any word or expression to which a meaning has been assigned in the Act, shall bear such meaning, and unless the context otherwise indicates—

“**the Act**” means the Second FIFA World Cup South Africa Special Measures Act, 2006 (Act No. 12 of 2006).

**Application for accreditation of foreign medical contingent**

2. An application for the accreditation of a foreign medical contingent referred to in section 3(1)(a) of the Act must be submitted in a form similar to **Annexure “A”** and must be accompanied by -

- (a) a certified copy of the bio-information page of the passport of every member of the foreign medical contingent;
- (b) a passport sized colour photograph of every member of the foreign medical contingent attached to the corresponding copy of the said bio-information page of the passport; and
- (c) proof of registration as a health care professional in the country of origin in respect of every member of the foreign medical contingent.

#### **Accreditation of foreign medical contingent**

3. The accreditation of a foreign medical contingent granted by the Minister of Health in terms of section 3(1) of the Act, must be in a form similar to **Annexure "B"**.

#### **Request for approval of medicines, Scheduled substances and medical devices**

4. A request for approval of medicines, Scheduled substances and medical devices that may be used by an accredited foreign medical contingent referred to in section 3(3)(a) of the Act, must be submitted in a form similar to **Annexure "C"**.

#### **Suspension of prohibition on possession, compounding and dispensing of permitted medicines, Scheduled substances and permitted medical devices**

5. An accredited member of a foreign medical contingent is exempted from all prohibitions imposed by the laws listed in section 5(1)(c) of the Act, regarding possession, compounding and dispensing of medicines, Scheduled substances and medical devices for which an approval has been granted under regulation 4.

#### **Suspension of prohibition on registration of and performance of community service**

6. An accredited member of a foreign medical contingent is exempted from all prohibitions imposed by the laws listed in section 5(2)(b) of the Act, regarding the registration of and the performance of community services by health care providers.

**Short title**

7. These Regulations shall be called the Regulations relating to the Accreditation of Foreign Medical Contingents and Approval of Medicines, Scheduled Substances and Medical Devices, 2010.





REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HEALTH

ANNEXURE B

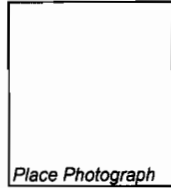
**CERTIFICATE OF ACCREDITATION**

Second FIFA World Cup South Africa Special Measures Act, 2006 (Act No. 12 of 2006)

Regulation 3

I.....Minister of Health, hereby, in terms of section 3(1) of the Second FIFA World Cup South Africa Special Measures Act, 2006 (Act No. 12 of 2006), grant accreditation to the undermentioned person, subject to the conditions specified hereunder.

**PARTICULARS OF MEMBER OF FOREIGN MEDICAL CONTINGENT**



REGISTRATION NO.....(Country of Origin)

FULL NAMES AND SURNAME	PASSPORT NUMBER	COUNTRY OF ORIGIN OF THE TEAM	REGISTERED PROFESSION

**VALIDITY PERIOD**

From 

Y	Y	Y	Y
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M	M
---	---

D	D
---	---

 To 

Y	Y	Y	Y
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M	M
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D	D
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**CONDITIONS:**

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Place..... Date..... Signature.....



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HEALTH

ANNEXURE C  
PART 1

**REQUEST FOR APPROVAL OF MEDICINES, SCHEDULED SUBSTANCES AND MEDICAL  
DEVICES TO BE USED BY AN ACCREDITED FOREIGN MEDICAL CONTINGENT**

Second FIFA World Cup South Africa Special Measures Act, 2006 (Act No. 12 of 2006)

**Regulation 4**

To be completed in full and submitted to the The Minister of Health. The form to be completed in black ink with BLOCK LETTERS. Request that are not legible shall not be accepted.

\*Delete whichever is not applicable

**MEDICINES**

NAME OF MEDICINE	NAME OF MANUFACTURER	QUANTITY OF MEDICINE	FOREIGN REGISTRATION NUMBER

**SCHEDULED SUBSTANCES**

NAME OF SCHEDULED SUBSTANCE	NAME OF MANUFACTURER	QUANTITY OF SCHEDULED SUBSTANCE	FOREIGN REGISTRATION NUMBER

**MEDICAL DEVICES**

NAME OF MEDICAL DEVICE	NAME OF MANUFACTURER	QUANTITY OF MEDICAL DEVICE	FOREIGN REGISTRATION NUMBER

**PARTICULARS OF A FIFA REPRESENTANTITIVE MAKING A REQUEST FOR APPROVAL**

ID number (Passport No. if foreigner)  Gender

Date of birth         M   D   Citizenship

Surname

Previous/Maiden surname

First names in full

Place of birth: City/Town  Country of birth

Residential address: Street

Town/Village  Province  Postal code

I hereby in my capacity as .....(state the representative capacity in FIFA) in terms of section 3(3) of the Second 2010 FIFA World Cup South Africa Special Measures Act, 2006 (Act No. 12 of 2006), request the Minister of Health to approve the mentioned abovementioned medicines, scheduled substances and medical devices\* to be used by .....(mention the team) foreign medical contingent. I declare that the information supplied herein is to the best of my knowledge true and accurate.

Place..... Date..... Signature.....



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HEALTH

ANNEXURE C  
PART 2

**APPROVAL OF MEDICINES, SCHEDULED SUBSTANCES AND MEDICAL DEVICES TO  
BE USED BY AN ACCREDITED FOREIGN MEDICAL CONTINGENT**

Second FIFA World Cup South Africa Special Measures Act, 2006 (Act No. 12 of 2006)

Regulation 4

\*Delete whichever is not applicable

**MEDICINES**

NAME OF MEDICINE	NAME OF MANUFACTURER	QUANTITY OF MEDICINE	FOREIGN REGISTRATION NUMBER

**SCHEDULED SUBSTANCES**

NAME OF SCHEDULED SUBSTANCE	NAME OF MANUFACTURER	QUANTITY OF SCHEDULED SUBSTANCE	FOREIGN REGISTRATION NUMBER

**MEDICAL DEVICES**

NAME OF MEDICAL DEVICE	NAME OF MANUFACTURER	QUANTITY OF MEDICAL DEVICE	FOREIGN REGISTRATION NUMBER

**CONDITIONS**

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I, .....Minister of Health, hereby, in terms of section 3(3) of the Second 2010 FIFA World Cup South Africa Special Measures Act, 2006 (Act No. 12 of 2006), approve the abovementioned medicines, scheduled substances and medical devices\* to be used by.....  
.....(Name of the team) foreign medical contingent, subject to the conditions specified above.

Place..... Date..... Signature.....