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.

	A 757		A.T.		00			DE	PAF	RTM	ENT	OF	H AF	LTH	I					~~				-	A	NNE	EXUI	RE Á
							_		_														jen	IT			_	
111 (2116) C	;	Seco	nd FIF	-A W	orld	Cup	Sou	uth A	\frica		ecia sulatio		asure	es A	ct, 2	006	i (Ac	t N	<u>o. 1</u> 2	2 of	200	5)						
To be completed in full and sub	mitte	d to t	he Th	e Min	ister	of F	leal	th. T	he f				mplet	ied i	n bla	ick	ink	with	BL			TTE	RS.	A	plic	atior	ns tha	atar
legible shall not be accepted. W	Vhere	spac	æ prov	vided														_			_							
Note: Please attach the follow (a) a certified copy of th	-				je of	the	pas	SDO	tof	ever	rv mi	emb	er of t	the f	orei	an r	med	ical	cor	tina	ent:							
(b)a passport sized cold	our ph	hotog	raph o	of eve	ery m	nemt	ber d	of th	e for	reign	n me	dica	l cont	inge	nt (a	attao	ch to	о ге	leve	nt p	assp	port	copy	()		_		
(c)proof of registration a	asah	lealth	care	prote	SSIO	nali	n th	e co	untr	y of	origi	n in	respe	ect o	fev	егу і	men	nbe	rof	the	fore	gn r	nedi	ical	con	inge	ent.	_
PARTICULARS OF MEMBERS	S OF	FOR	EIGN	MED		LCC	лт	ING	ENT	•																		
ULL NAMES AND SURNAME								PASSPORT NUMBER COUNTRY												GIN	OF T	HE T	EAM	RE	GIST	ERE	D PR	OFES
													_					_		_		_						
												_		_	\downarrow	_							_		_			·
															_												_	
												_			-								_	+			_	_
																_							_					
PERIOD DURING THE 2010 W	ORL	DCU	P FO	R WH			CRI	EDI	TATI	ON	IS R	EQ	UIRE	D		_					_			_	_			
rom	Y	Y	ΥY		м	м		D	D		То						Y	Y	Y	Y		м	м		٥	C)	
									_																_			
IAME OF EACH MEMBER OF TH								3 01																п э			» —	
ULL NAMES AND SURNAME												FUL	L NA	MES	AN	550	URN	AM	E									
							_	_						_			_				_					_		_
																											_	
															_										_		_	
															_					_					_			
								_						_		_	_		_		_	_				_		
															_										_			
				_										_									_					
																					_							_
								_					_			_				_								
	_				_		_							_		_	_				_		_					
PARTICULARS OF A FIFA REI	PRES	ENT	ANTI	TIVE	MAł	KING	3 A 1	N AF	PLI	CAT									_		_						_	
	г г	SENT		TIVE	MAR		3 A F	N AF	PLI	CAT		1				_			Ge	nder						Т		
D number (Passport No. if foreigne	г г				MAN	KING	3 AI	N AF	P LI	CAI				Citize	ensh				Ge	nder				 				
D number (Passport No. if foreigne Date of birth	er) [3 AI			CAT				Citize	ensh	ip [Ge	nder	- -							
D number (Passport No. if foreigne Date of birth surname	er) [3 AI			CAI				Citize	ensh	ip [Ge									
D number (Passport No. if foreigne Date of birth Surname Previous/Maiden surname	er) [3 A I							;itize	ensh	ip [Ge									
D number (Passport No. if foreigne Date of birth Surname Previous/Maiden surname First names in full							G AI												Ge									
D number (Passport No. if foreigne Date of birth Surname Previous/Maiden surname First names in full Place of birth: City/Town	■r) [3 AI												Ge									
•							G AI																Pos					
D number (Passport No. if foreigne Date of birth Surname Previous/Maiden surname First names in full Place of birth: City/Town Residential address: Street Town/Village hereby in my capacity as Vorld Cup South Africa Special	er) [Y Meas	Y	Y Y			M 	state 12 c	D D D D D D D D D D D D D D D D D D D	D		entat	ive (ntry o	of bi		in te	em	s of	sect			oft	he S	Seco	nd 2		
D number (Passport No. if foreigne Date of birth Surname Previous/Maiden surname First names in full Place of birth: City/Town Residential address: Street Town/Village hereby in my capacity as Vorld Cup South Africa Special leclare that the information supp	er) [Y Meas	Y	Y Y Act, 2 Act, 2	2006 b the t	M M (Act best	M M No. of m	state 12 c	D D D D D D D D D D D D D D D D D D D	D D D D D D D D D D D D D D D D D D D	prese , app	entation of the and	ive (Coun Coun Minis curate	ity is ster e.	n FIF	Tth Pr Pr Pr	in te th fo	erm: r ac	s of	sect	Lion (of pe	oft	he S	Seco	nd 2		
D number (Passport No. if foreigne Date of birth Surname Previous/Maiden surname First names in full Place of birth: City/Town Residential address: Street Town/Village hereby in my capacity as Vorld Cup South Africa Special	er) [Y Meas	Y	Y Y Act, 2 Act, 2		M M (Act best	M M No. of m	state 12 c	D D D D D D D D D D D D D D D D D D D	D D D D D D D D D D D D D D D D D D D	prese , app	entation of the and	ive (ity is ster e.	n FIF	Tth Pr Pr Pr	in te th fo	erm: r ac	s of	sect	Lion (of pe	oft	he S	Seco	nd 2		

		ANNEXURE B												
	CERTIFICATE OF ACCREDITATION Second FIFA World Cup South Africa Special Measures Act, 2006 (Act No. 12 of 2006)													
	Second FIFA V	Vorld Cup So			2006 (Act No. 12 of 20)	06)								
			Regulation 3											
I Act, 2006 (Act No. 12 of 2006	6), grant accreditation t	of Health, here	eby, in terms of secti ientioned person, sui	on 3(1) of the bject to the co	Second FIFA World C anditions specified here	up South A eunder.	frica Special Measure							
PARTICULARS OF MEMBE	R OF FOREIGN MED	HCAL CONTI	NGENT											
							Place Photograph							
REGISTRATION NO	(Country	y of Origin)												
FULL NAMES AND SURNAME			PASSPORT NUMBER		COUNTRY OF ORIGIN OF	THE TEAM	REGISTERED PROFESSIO							
_						_								
VALIDITY PERIOD														
From	YYYY	мм	D D To		YYYY	мм	DD							
CONDITIONS:														
		-												
						_								
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
<u> </u>			

MEDICAL DEVICES

AME OF MEDICAL DEVICE		NAME OF MANUFACTURER	QUANTITY OF MEDICAL DEVICE	FOREIGN REGISTRATION NUMBE
	_			

ID number (Passport No. if foreigner)																			Ger	nder							
Date of birth	r	Y	Y	Y]	м	м]	D	D]		С	itize	ens	hip											
Sumame														Τ												[
Previous/Maiden sumame																									ļ		
First names in full																				Ì							
Place of birth: City/Town							[0	oun	try	of b	irth											
Residential address: Street																											
Town/Village																F	Prov	ince				Pos	tal d	:ode			

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

GOVERNMENT GAZETTE, 26 FEBRUARY 2010

