SPORT AND RECREATION SOUTH AFRICA

No. R. 387 14 May 2010

SECOND 2010 FIFA WORLD CUP SOUTH AFRICA SPECIAL MEASURES ACT, 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 under section 6 of the Second FIFA World Cup South Africa Special Measures Act, 2006 (Act No. 12 of 2006), in consultation with the Minister of Health, 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 the meaning so assigned, and "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 contemplated 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;
- (c) proof of registration as a health care professional in the country of origin in respect of every member of the foreign medical contingent; and
- (d) a certificate of good standing from the relevant competent regulatory authority responsible for the registration of health professionals in the country of origin.

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 contemplated in section 3(3)(a) of the Act for approval of medicines, scheduled substances and medical devices that may be used by an accredited foreign medical contingent, must be submitted in a form similar to Part 1 of **Annexure** "C".
- **5.** The approval contemplated in section 3(3)(a) of the Act, must be in a form similar to Part 2 of Annexure "C".

Short title

6. These Regulations are 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 A

APPLICATION FOR AN ACREDITATION OF FOREIGN MEDICAL CONTINGENT Second FIFA World Cup South Africa Special Measures Act, 2006 (Act No. 12 of 2006) Regulation 2 To be completed in full and submitted to the The Minister of Health. The form must be completed in black ink with BLOCK LETTERS. Applications that are not legible shall not be accepted. Where space provided is inadequate, attach additional information. Note: Please attach the following documents: (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 (attach to relevent passport copy)
(c) proof of registration as a health care professional in the country of origin in respect of every member of the foreign medical contingent. PARTICULARS OF MEMBERS OF FOREIGN MEDICAL CONTINGENT FULL NAMES AND SURNAME PASSPORT NUMBER COUNTRY OF ORIGIN OF THE TEAM REGISTERED PROFESSION PERIOD DURING THE 2010 WORLD CUP FOR WHICH ACCREDITATION IS REQUIRED Y Y Y Y M M D D Y Y Y Y M M D D NAME OF EACH MEMBER OF THE TEAM TO WHOM THE MEMBERS OF THE FOREIGN MEDICAL CONTINGENT MAY RENDER HEALTH SERVICES FULL NAMES AND SURNAME FULL NAMES AND SURNAME PARTICULARS OF A FIFA REPRESENTANTITIVE MAKING AN APPLICATION ID number (Passport No. if foreigner) Gender Date of birth Citizenship Previous/Maiden surname First names in full Place of birth: City/Town Country of birth Residential address: Street Town/Village Province Postal code I declare that the information supplied herein is to the best of my knowledge true and accurate. Place..... Date..... Signature.....



Place.....

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 ACCREDITED MEMBER OF FOREIGN MEDICAL CONTINGENT Place Photograph			
REGISTRATION NO(Country of Origin)			
FULL NAMES AND SURNAME	PASSPORT NUMBER	COUNTRY OF ORIGIN OF THE TEAM	REGISTERED PROFESSION
VALIDITY PERIOD FOR WHICH ACCREDITATION IS GRANTED From YYYY MM M D D To YYYY MM M D D			
CONDITIONS			
The above mentioned person is in his or her capacity as a health-care professional is permitted to render health services only to his or her team members			
as listed in Annexure A.			
		·	

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) *Delete whichever is not applicable MEDICINES NAME OF MEDICINE AND ACTIVE PHARMACEUTICAL NAME OF MANUFACTURER QUANTITY OF EACH MEDICINE FOREIGN REGISTRATION NUMBER INGREDIENT SCHEDULED SUBSTANCES NAME OF SCHEDULED SUBSTANCE NAME OF MANUFACTURER QUANTITY OF EACH SCHEDULED FOREIGN REGISTRATION NUMBER SUBSTANCE MEDICAL DEVICES NAME OF MEDICAL DEVICE NAME OF MANUFACTURER QUANTITY OF MEDICAL DEVICE FOREIGN REGISTRATION NUMBER CONDITIONS IN RESPECT OF APROVAL Note: Upon expiry of the validity period specified in the certificate of acredition all medicines, scheduled substances and medical devices not used shall be removed from the Republic. Place..... Date..... Signature.....