



ENGLANDGOLF

MEDICAL CERTIFICATE

To be completed by the player:

I, (Name) _____

of (Address) _____

request the use of a golf buggy during the England Golf _____ event.

I am requesting use of a buggy for the following reason(s): (Please state medical diagnosis and information on condition)

Signed _____ Date _____ Phone No. _____

To be completed by the player's medical representative:

Please can you complete the following in order to give us your opinion as to why the above named player needs to use transportation (a golf buggy) to play golf?

Principal diagnosis:

Symptoms experienced by player:

Likely duration of condition:

I, Dr (Name) _____

of Address / practice stamp

certify that I have assessed the above named person, and that I am of the opinion that the player has the above **named disability, within the meaning of section 6 of the Equality Act 2010.**

Signed _____ Date _____ Phone No. _____

Please note any expense incurred for completion of this form by a doctor is the responsibility of the player.

This Medical Certificate constitutes a medical confirmation of disability and is to be read in conjunction with the England Golf Transportation Policy.
The information provided may be reviewed by England Golf's Committee to assess the validity of the request.
This Medical Certificate is valid for the duration of the above named England Golf event only, unless otherwise agreed by England Golf's Committee.