

MEDICAL FORM FOR BUGGY USERS WITH A DISABILITY

To be completed by the Applicant's Doctor.

I, Dr..... of.....

..... Certify that I have examined

..... of.....

.....

I am of the opinion that he/she has a disability within the meaning of section 6 of the Equality Act 2010 or any statutory modification thereof and is unable to play or has undue difficulty in playing golf without the use of a motorised ride-on golf buggy.

Signed:

Dated: