



MEDICAL CERTIFICATE

To be completed by the player:

I, (Name) _____

of (Address) _____

a member of _____ Golf Club,

request permission to use a golf buggy at events organised by Hertfordshire Golf.

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 the player's medical representative

The use of a golf buggy in Hertfordshire Golf events is restricted to competitors suffering from a disability, as defined in Section 6 of the Equality Act 2010. Please confirm the above named person's disability and certify that it meets this definition.

Principal diagnosis:

I, Dr (Name) _____

of Address / practice stamp

certify that the above-named person is suffering from a disability, as defined in 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 Hertfordshire Golf Transportation Policy. It is valid for all Hertfordshire Golf events.

It is the responsibility of the player to inform Hertfordshire Golf if there is a significant change in the medical condition stated.