



NORTHERN COUNTIES GOLF UNION

MEDICAL CERTIFICATE

To be completed by the player:

I, (Name) _____

of (Address) _____

request the use of a golf buggy during the NCGU events during the period shown below for the following reasons (please state medical diagnosis and information on condition):-.

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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:

Duration of condition: From date:-- _____ to date:- _____

I, Dr (Name) _____
of Address / practice stamp _____

I 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.

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

Signed _____ Date _____ Phone No. _____

- Please note:-
1. Proof of Personal Liability Insurance being held by the driver of the buggy covering the use of a buggy MUST be provided to NCGU prior to approval being given;
 2. any expense incurred for completion of this form by a doctor is the responsibility of the player.