



Please complete and return this form:  
By Email: [Secretary@ncgu.co.uk](mailto:Secretary@ncgu.co.uk) or  
By Post: The Secretary, NCGU 14 Rydal Close, Penistone,  
South Yorkshire, S36 8HN

## **REVALIDATION OF A MEDICAL CERTIFICATE FOR THE USE OF A GOLF BUGGY IN COMPETITION**

### When To Use This Document

This document should only be used when a Player has previously obtained a Medical Certificate for the use of a golf buggy in a Northern Counties Golf Union competition or event. The Northern Counties Golf Union Medical Certificate asks for your doctor or medical representative's opinion as to whether you have a disability within the meaning of the Equality Act 2010. Where it is possible that your impairment could be cured or treated significantly, Northern Counties Golf Union requests that you complete this form periodically in order to verify that you are still eligible to use a golf buggy in Northern Counties Golf Union competitions.

If your medical circumstances have changed, you must inform us. You may face disciplinary action and/or be disqualified from Northern Counties Golf Union events if you fail to tell us about your changing medical circumstances or if the information submitted in this document is not a true, accurate, and up to date reflection of your medical circumstances.

### To be completed by the Player:

I, (Name)

\_\_\_\_\_

of (Address)

\_\_\_\_\_

\_\_\_\_\_

have previously delivered the attached Medical Certificate to Northern Counties Golf Union to support a request for the use of a Golf Buggy in Competition.

This Medical Certificate certified that, in the opinion of my Medical Representative, I have a disability within the meaning of the Equality Act 2010 that has a substantial and long term adverse effect on my ability to carry out day-to-day activities and play golf on foot. As a result, I have been given dispensation to use a golf buggy in Northern Counties Golf Union competitions.

My Medical Certificate stated that I have a permanent impairment that could be cured or substantially reduced by some form of treatment or medical procedure.

By signing this document, I confirm that:

- 1) The information contained in my Medical Certificate (attached) is, to the best of my knowledge, still a true and accurate reflection of my medical circumstances; and
- 2) I still live with an impairment that has a long term substantial and adverse effect on my ability to carry out day-to-day activities and play golf; and
- 3) I have not had any medical procedure or treatment which has cured or substantially reduced symptoms of the impairment(s); and
- 4) I understand that if any information contained in this document or my Medical Certificate is found to be false I may be disqualified from any event or competition that I have entered into, and that Northern Counties Golf Union and/or the competition organiser may take disciplinary action against me.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Phone No. \_\_\_\_\_

Please return this document together with a copy of the Medical Certificate that you are revalidating.