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## Title: Use of Buggies – Medical Confirmation

Template for your use

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## **\*ON CLUB HEADED PAPER**

## MEDICAL FORM TO BE COMPLETED BY THE APPLICANT'S DOCTOR

I, Dr..... of..... Certify that I have examined .....

Of.....

.....

I can confirm that my patient is suffering from a long term \*\* mental/ physical impairment which substantially affects their ability to carry out normal day to day activities. As a result of this disability my patient is unable to play golf without the use of a \*\* buggy/motorised trolley.

\*\* Delete as appropriate

Signed.....

Dated.....

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