

**MEDICAL FORM 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 and/or trolley.

Signed: .....

Dated: .....