



## Hale Golf Club – Golf Buggy Policy

*Medical Exemption Certification* (to be completed by a suitably qualified Doctor, Physiotherapist, Osteopath or Chiropractor)

**To:  
Hale Golf Club  
Rappax Road  
Hale  
Altrincham  
Cheshire  
WA15 0NU**

I (name and qualification of clinician) .....

Practice Stamp:

Certify that I have reviewed: .....

Address: .....

.....

.....

.....

and am of the opinion that he/she has a permanent disability within the meaning of the Disability Discrimination Legislation (or has another more temporary impediment) and is unable to play, or has undue difficulty in playing golf, without the use of an electric golf buggy.

Nature of disability:

This disability is (please tick the appropriate option):

- Permanent
- Temporary (to be reviewed after 3 months)
- Temporary (to be reviewed after 6 weeks)

Signed: .....

Dated: .....