



MEDICAL RELEASE FORM

Date \_\_\_\_\_

To Whom It May Concern:

This letter is to inform and alert you, the golf course in South Africa, that \_\_\_\_\_, will be in need of a golf cart (buggy) for their round of golf.

The course he/she will be playing is \_\_\_\_\_ on \_\_\_\_\_

The reason the golf cart (buggy) is needed is because of the following medical condition which prevents him/her from walking any length of time, especially on a golf course. With this medical condition it also prevents him/her from walking 18 holes even with a caddie.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The extent of this medical condition is as follows: (List the problem below).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is any further explanation needed, please feel free to contact me.

Sincerely,

Doctor's Name \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Address \_\_\_\_\_

City, St., Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail address \_\_\_\_\_