

INFORMATION TO BE SUPPLIED
BY ANYONE SEEKING TO USE A GOLF CART
IN A USGA CHAMPIONSHIP OR QUALIFYING ROUND BASED ON A PERMANENT
DISABILITY – Please use additional
pages as necessary*

1. Please explain the nature of your disability and why it requires that you use a cart?

2. a) Is your disability permanent or temporary? b) How long have you suffered from this disability? c) How does this disability limit your ability to walk during tournament golf? d) Is it stable? e) Has it become worse over time?

3. Provide a current medical report from your physician that has evaluated your condition, describing the nature and extent of your disability and explaining why it would be beyond your ability to walk during this event. Such report must explain, in detail, your diagnosis and symptoms, and specifically describe how your condition impairs your ability to walk in general and during a golf tournament. **Such report should be attached to and submitted together with this completed cart request form.**

4. Please provide the name, address and telephone number(s) of your treating physician(s) for the condition which you believe requires use of a cart.

5. What is the current treatment plan for your condition? Identify medication(s), and therapy utilized to treat your condition, and any side effects experienced.

6. If your condition relates to a cardiac (heart) problem, please answer the following:
 - (a) Have you ever had coronary artery bypass surgery or an angioplasty?

 - (b) Do you take cardiac medications, and if so, what are the medications and current dosages?

 - (c) Do you experience shortness of breath, chest or arm tightness, leg cramping while walking? If so, how many yards can you walk before stopping?

7. Have you ever been given an impairment rating for this condition, relating to workers' compensation, a personal injury claim, or for Social Security Disability purposes? If so,

please provide details as to the rating, which body parts and basis for the rating (AMA Guides to Permanent Impairment, 5th edition, or to a local or state rating guide).

8. Can you walk up a flight of stairs without assistance, without walking aids, and without holding onto the handrail? How many yards can you walk on level ground without having to stop, or without assistance?

9. Do you use walking aids (cane, crutches, walker, wheelchair, back brace, leg brace) and if so, describe the length of time you use them each day.

10. Provide a list of the golf tournaments you have played in during the past five years and state whether you walked or used a cart during these tournaments.

11. On average, how many times a week do you play non-tournament golf?
12. In non-tournament play, what percentage of the time do you walk when you play, what percentage of time do you use a cart?

I certify that the information supplied above and in any attachments is true and correct.

Signature

Print Name

Date

- **Please note that this cart request form (including all information requested above), medical report from physician and attached authorization for release of medical information must be submitted to the USGA WITHIN FIVE DAYS of submission of the relevant USGA Championship entry application online, all of which must be submitted by the player (not a caddie) in writing, and received by the USGA, Chief Legal Officer, 77 Liberty Corner Road, Far Hills, NJ 07931 or by Facsimile (908) 470-1434 no later than five days after submitting the entry application. Phone submissions will not accepted.**

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION IN SUPPORT OF
REQUEST FOR USE OF A CART**

I authorize the USGA and their designated agents and medical professionals participating in the decision to provide a golf cart to contact my health care provider(s) regarding my condition, which I believe constitutes a disability under the Americans with Disabilities Act (“ADA”) entitling me to use a cart during golf tournament competition.

I authorize my health care provider(s) to communicate with the USGA, their designated agents and medical professionals participating in the decision to provide a golf cart to provide such clarification or further information as may be necessary for the USGA to make a determination regarding my request for use of a cart. I authorize the release of any documentation medical records, or other information relating to my condition in connection with my request for use of a cart.

Signature

Print Name

Date