

**INFORMATION TO BE SUPPLIED BY ANYONE SEEKING TO USE A GOLF CART  
IN A UGA 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, 5<sup>th</sup> 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