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Royal Belgian Golf Federation

RBGF Medical Committee Exemption for the use of Transportation

REQUEST FORM

This form must be completed by any player seeking permission to use a motorized golf cart during an RBGF Championship or Match. The form must be submitted to the RBGF Medical Committee in a closed envelop marked with "Medical information" at least 28 days in advance of the first Championship or Match the player wants to take part. The information will be treated by the law of confidentiality. This form **must** to be addressed to the RBGF Medical Committee, Boulevard Louis Schmidt 87/6 – 1040 Brussels.

Name: _____ Fed Nr: _____

Date of birth:

Height:

Weight:

Please explain the nature and history of your disability and why it requires the use of transportation:

Asbl F.R.B.G. – K.B.G.F. Vzw
Boulevard Louis Schmidlaan 87/6 – 1040 BRUSSELS

☎ : +32-2-672.23.89

☎ : +32-2-675.46.19

✉ : info@golfbelgium.be

Website: www.golfbelgium.be

TVA-BTW : BE 0409.579.629 Fortis : 210-0388000-52

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Are you receiving any treatment for this disability?

If your condition relates to a cardiac problem, do you experience any shortness of breath, etc.?

How many meters can you walk unaided?



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Please provide a current medical certificate and report from your medical practitioner, including the following information in the report:

1. The name of the disability
2. The extent of the disability
3. The prognosis for improvement
4. An explanation as to how it impedes your ability to walk in general and during a golf tournament
5. Whether you use any aids and if so, when and where are these required for use for playing golf

Please indicate the event/s you are submitting this request for:

The RBGF Medical Committee will use the information you supply on this form and in any supporting documentation to assess and process your request.

I certify that the information supplied on this form and in any supporting documentation is true and correct and I hereby consent to the processing of the information supplied on this form and in any supporting documentation for the purposes and in the manner outlined above.

Signature:

Date:

Email:

Contact Telephone: