



## PGA OF AMERICA GOLF CART REQUEST FORM

As a general rule, players and their caddies must walk the course at PGA of America Championships. Consistent with the Americans with Disabilities Act (ADA), a disabled player or caddie may be permitted to use a golf cart as an accommodation to his or her disability for those events where golf carts are not allowed. As required by the ADA, the PGA will evaluate such requests on a case-by-case basis.

In order for the PGA to properly evaluate the merits of such requests, while maintaining the fundamental fairness of the golf competition, it is necessary for players requesting this accommodation to submit medical documentation to facilitate that analysis. The documentation provided must demonstrate: (1) a player's (or caddie's) disability as defined by the ADA (temporary conditions may not be covered); (2) the medical need for the golf cart that results from that disability; and (3) that by providing a golf cart to a player or caddie in that particular circumstance, the PGA would not be fundamentally altering the fairness of the competition by providing a player with an advantage over other players.

In order to permit the PGA to undertake the necessary analysis and make arrangements for golf cart usage where approved, all in time for the relevant event, players must strictly comply with each of the following procedures. Any failure to comply with any of these procedures may result in a denial of the requested accommodation. A request will not be deemed complete until all required information and documentation has been provided.

**\*\*Please use additional pages as necessary\*\***

**Request submitted by (please check the applicable line):**

Player \_\_\_\_\_

Caddie \_\_\_\_\_

**Request applicable for the following PGA of America Championship(s):**

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Please **do not** provide information about any other disability or medical condition unless it also relates to the disability that led to the cart request.



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**Please provide a current medical report (attached to and submitted together with this completed Golf Cart Request Form) from your physician who has evaluated your condition.**

**Please ask your physician to include the following information in the report:**

- a) The name of the disability,
- b) The extent of the disability,
- c) The prognosis for improvement,
- d) The current objective abnormalities and how it impedes upon your ability to walk in general and during a golf tournament,
- e) How far you are able to walk without stopping,
- f) What prohibits you from walking further,
- g) How long you are able to stand,
- h) Whether you use ambulatory aids and if so, the length of time and circumstances under which these aids are used.

**Please explain the nature and history of your disability and why it requires that you use a golf cart.**

**What treatment are you currently receiving as it relates to your ability to walk?**

**What is the expected duration of your disability?**



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**If your condition relates to a cardiac (heart) problem, do you take cardiac medications?**

**If so, what are the medications?**

**Do you experience shortness of breath, chest or arm tightness, leg cramping while walking?**

**If so, how many yards can you walk before stopping?**

**Have you ever been given an impairment rating for a disability of medical condition that relates to the disability that led to the cart request?**



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**If so, please provide details as to the rating, basis for the rating (AMA Guides to Permanent Impairment, 6<sup>th</sup> edition, or to a local or state rating guide) and any other relevant information not already provided by you or your physician.**

As part of the review process by the PGA's medical panel, please discuss with your physician what additional information pertaining to your ability to walk the course can be provided by your physician to the PGA for review (such as a summary of surgeries, diagnostic studies, laboratory tests, treatments, medications, clinical notes and other relevant medical information specific to the diagnosis and management of the disability) and submit any such information that you or your physician believe would help the PGA assess the degree of your impairment with the physician's medical report.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

### **\*\* IMPORTANT INFORMATION \*\***

This completed Golf Cart Request Form together with the medical report from the physician who has evaluated your condition must be submitted by the player (or by the player on behalf of the player's caddie as applicable) to the PGA WITHIN FIVE (5) DAYS of the electronic submission of the applicable PGA event entry application, and must be received by the PGA's General Counsel located at 100 Avenue of the Champions, Palm Beach Gardens, Florida 33418 or received by email at [Membership@PGAHQ.COM](mailto:Membership@PGAHQ.COM) no later than five (5) days after submitting the entry application. Incomplete or late submissions may result in insufficient time to evaluate. All submissions are confidential and reviewed solely for the purpose of evaluating the cart request.