



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 the time do you use a cart?

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

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Signature

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Print Name

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Date

**Please note this request form (including all information requested above), medical report from physician and attached authorization for release of medical information must be submitted to the Starburst Junior Golf Classic simultaneously and together with the original relevant Starburst Junior Golf event application, all of which must be submitted by the player in writing, and received by the Starburst Junior Golf by no later date and time the entry is due. Facsimile, phone or on-line submissions not accepted.**

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

I authorize the Starburst Junior Golf Classic 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 golf cart during golf tournament competition.

I authorize my health care provider(s) to communicate with the Starburst Junior Golf Classic, 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 Starburst Junior Golf Classic 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