

## MOTORIZED GOLF CART ELIGIBILITY ASSESSMENT FORM

Player's Name:

School:

Date of Birth:

Your Name / Title:

To determine if the above golf player is a *qualified individual with a disability*, as defined by the Americans with Disabilities Act, for the purposes of determining the player's eligibility for using a motorized golf cart, during tournament play in the *upcoming Golf Season\**, pursuant to Rule F(4) of the OSSAA Golf Rules, please complete and email the form to the following person:

Trinity Johnson  
Assistant Director  
[tjohnson@ossaa.com](mailto:tjohnson@ossaa.com)  
(405) 840-1116 (phone)

\*(The dates of the upcoming Golf Season are provided on the OSSAA website: [www.ossaa.com](http://www.ossaa.com).)

1. Does the golf player suffer from a physical or mental impairment which substantially limits the player's ability to perform one or more *major life activities\**, when compared to the ability of the average person in the general population to perform such activities?

YES ☐ NO ☐

[\*Major life activities are tasks that are of central importance in most peoples' lives, and include: Caring for one's self; Performing manual tasks; Walking; Seeing; Hearing; Speaking; Breathing; Learning; Working (*i.e.*, performing a broad range of jobs); Sitting; Standing; Lifting; Reaching; Thinking; Concentrating; Interacting with others; and Reproduction.]

2. If the answer to Question No. 1 is "Yes," please identify the major life activity or activities affected by the golf player's impairment, and describe the extent to which the golf player is substantially limited in performing such activity or activities (Please use additional space, if necessary):

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3. If the answer to Question No. 1 is "Yes," please describe the nature and severity of the golf player's impairment, including the date the impairment commenced, the duration or expected duration of the impairment, and the permanent or long term impact of the impairment (Note: When responding to this question, please specifically describe whether the impairment(s)'s limitation on the player's ability to perform major life activities is expected to be the same, less, or more extensive during the upcoming Golf Season.

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4. If the answer to Question No. 1 is “yes,” would the golf player’s use of a motorized cart enable him/her to participate in high school tournaments in the upcoming Golf Season, and eliminate the barrier to access otherwise created by the golf player’s impairment(s)?

**YES** ☐ **NO** ☐

5. Would the golf player’s use of a motorized golf cart in high school golf tournaments during the upcoming Golf Season create the risk that the golf player will do harm to the player or to others?

**YES** ☐ **NO** ☐

If the answer is “yes,” please describe the risk of harm created by the golf player’s use of a motorized golf cart in tournament play. (Please use additional space, if necessary.)

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6. Is the golf player currently under the care of any other health care providers whom you believe should be consulted (and complete a Motorized Golf Cart Eligibility Assessment Form) to provide additional needed information for the OSSAA to fully assess whether the golf player should be granted permission to use a motorized golf cart during tournament play in the upcoming Golf Season? (Please use additional space, if necessary.)

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I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT, TO A REASONABLE DEGREE OF MEDICAL CERTAINTY:

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Signature of Health Care Provider

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Type of Practice

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Address

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Telephone Number

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Date

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School Name

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Golf Coach Signature

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Brian Lester, Assistant Director Signature

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Approval Date