

OHCC SINGLE RIDER GOLF CART
DOCTOR'S CONFIDENTIAL CERTIFICATION LETTER

Ocean Hills Country Club Homeowner Association
4600 Leisure Village Way
Oceanside, CA 92056

1. My patient ("Patient") is: _____

2. Whose address is: _____

3. My name, business address, and business telephone number are:

Name (Please Print)

Business Address

Business Phone

4. I am a duly licensed physician in the State of _____

5. My Medical License Number is: _____

6. I am also certified in the following medical specialties, if any:

7. I certify that Patient has one or more conditions that make it necessary for Patient to use a Single Rider golf cart to be able to play golf.

This condition is expected to be permanent.

I anticipate that Patient will no longer require the use of Single Rider golf cart to play golf by _____, 20__ .

8. I understand that this information is solely for the internal use of the Ocean Hills Country Club Homeowners Association, that it will be kept confidential, and will be provided only to authorized representatives of the Association who periodically may need to verify and revalidate that this information is correct.

9. I understand that, if a dispute arises concerning these issues, I may be called upon to testify concerning my professional opinions set forth in this declaration.

I declare, under the penalty of perjury under the laws of the State of California, that the foregoing statements are true and correct.

Executed at _____ on _____, 20__
City State

Signature

Date