

Application Date	Full first name	Family name
Home address		
City	Country	Post Code
Phone/s	Email	Date of Birth (d/m/y)
Gender	Golf Handicap	
Diagnosis		

A

Impairment muscle power
(Oxford scale)

Strength		
	R	L
Shoulders		
Flexion		
Rotation		
Abduction		
Adduction		
Elbows	R	L
Pronation		
Supination		
Extension		
Flexion		
Wrists	R	L
Dorsi-flex.		
Radio-ulnar		
Hips	R	L
Extension		
Flexion		
Abduction		
Knees	R	L
Extension		
Flexion		
Ankle	R	L
Dorsiflexion		
Plantarflexion		
Inversion		
Eversion		

B

Impaired passive range of
movement (FROMG) functional
range of motion in golf

Range of Motion		
	R	L
Shoulders		
Flexion		
Rotation		
Abduction		
Adduction		
Elbows	R	L
Pronation		
Supination		
Extension		
Flexion		
Wrists	R	L
Dorsi-flex.		
Radio-ulnar		
Hips	R	L
Extension		
Flexion		
Abduction		
Knees	R	L
Extension		
Flexion		
Ankle	R	L
Dorsiflexion		
Plantarflexion		
Inversion		
Eversion		

C

Limb deficiency

	R	L
Arm amputation: Above elbow		
Below elbow		
Leg amputation: Above knee		
Below knee		
Ankle/Foot (Syme or above amputation)		

D

Leg/Arm

length difference	R	L
Arm length [cm]		
Leg length [cm]		

E

Short Stature

body length [cm]	
arm length [cm]	
Standing height [cm]	

F
Hypertonia - ASAS
 (Australian Spasticity Assessment Scale)

	0	1	2	3	4	5
Hypertonia						
Reflexes						
Babinski						
Clonus						
Balance						
Coordination						

G
Ataxia
 (lack of voluntary coordination of muscle movements)

Finger to nose	
Finger to finger	
Finger to toe	
Heel draw	
Romberg	
Tandem Romberg	

H
Athetosis
 Yes/No

For F, G, H describe the impact on golf (Stand, Swing etc.)

Please Note

It's only necessary to fill in information relevant to the disability relating to the application for a WR4GD Pass.

I
Visual Impairment
 Under Review

B1	B2	B3

J
Intellectual Impairment
 (INAS)

INAS to provide assessment with regard to this

Additional Information

Grip Strength	
Gait	
Buggy Yes/No	
Plays from R/L	
Medication	
Operations	
Limited back rotation	
Limited neck rotation	

Physical Therapist or Doctor

I confirm that the information is correct

Name	
Qualifications	
Phone Numbers	
Email Address	

EDGA Medical Classifier

I confirm that the information is correct

Confirmed/Review before	
Classification Date	
Classifier Name	