PRIVATE AND CONFIDENTIAL

**ROYAL AIR FORCE BENEVOLENT FUND**

**CERTIFICATE BY APPLICANT’S DOCTOR IN SUPPORT OF PROVISION OF ELECTRICALLY POWERED WHEELCHAIR/SCOOTER**

1. I certify that

……………………………………………. of …………………………………………...

………………………………………. suffers from ………………………………………

……………………………………………………………………………………………..

which impairs his/her outdoor mobility. I therefore recommend the provision of a powered wheelchair/scooter.

**(DELETE PARAGRAPH 2 OR 3 BELOW, AS APPROPRIATE)**

1. I certify that he/she is not suffering from any ailment nor taking any prescribed medication, which would adversely affect his/her ability to operate a powered wheelchair/scooter independently and safely in public places.

OR

1. I certify that he/she is **not** fit in all respects to operate a powered wheelchair/scooter independently in public places and should therefore be considered only for the provision of an attendant-controlled powered wheelchair. I have advised the applicant of this recommendation.

Signed ………………………………………. Date ………………………………………

Name in Block Capital Letters ……………………………………………………………

Address ……………………………………………………………………………………

……………………………………………………………………………………………..

……………………………………………………………………………………………..