

**WEST VIRGINIA DIVISION OF NATURAL RESOURCES LICENSE
SECTION
DISABILITY MEDICAL EVALUATION**

The following must be completed by a Licensed Physician / APRN / PA

PLEASE PRINT OR STAMP CLEARLY, if not legible the application will not be accepted:

Physician / APRN / PA Name: _____ Title: _____

Address: _____
(Street, PO Box, or Route) City State Zip

Telephone #: _____ Fax #: _____
(include area code) (include area code)

1. I understand that as stated in Legislative Rule 58CSR46 paragraph 2.7, as it relates to hunting, fishing and trapping, "An individual permanently disabled in the lower extremities", means an individual who is permanently and totally disabled due to paralysis or disease in the lower half of the body, which makes it impossible to ambulate successfully more than two hundred feet without assistance.

Does this patient meet the requirements as stated in the above Rule?

Yes No

2. If yes, what type of assistance is used? (Check all that apply)

Wheelchair Canes Walker Crutches
Prosthesis Other: _____

3. How severe or substantial is this functional limitation? _____

4. In your opinion, does the impairment prevent the person from carrying out essential functions associated with hunting, fishing or trapping?

Yes No

If yes, please explain: _____

5. If applicable: Does the patient's impairment prevent him/her from handling a firearm or bow and arrow without the aid of adaptive equipment? (i.e. involuntary muscle spasms, loss of strength in arms, range of motion, etc.)

Yes

No

If yes, please explain: _____

I certify that the patient whose name appears on this application is currently under my care and has the impairment stated.

Physician / APRN / PA Signature

Date

Print Physician / APRN /PA Name

Applicant Name Signature

Date

Print Applicant Name

**Send completed application, with original signatures to:
West Virginia Division of Natural Resources
Attn: License Section
324 Fourth Avenue South Charleston, WV 25303**