

**PART 2 - MEDICAL ASSESSMENT FOR A DISABLED CROSSBOW APPLICATION**  
 TO BE COMPLETED BY A MEDICAL DOCTOR and uploaded as part of your Disabled Crossbow Application that can be found under Special Licence Applications on your Manitoba elicensing account.

Name of Applicant: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

The intent of a crossbow permit is to give a qualifying person a reasonably equitable opportunity to access a hunting opportunity during a hunting season restricted to archery equipment only.

**TO QUALIFY FOR THIS PERMIT, the applicant must have a permanent disability that includes one of the conditions listed in questions #2 to #7 below with a clear description under #8 on how they no longer can use conventional archery equipment.**

*Please circle the answer to the following questions:*

- |   |                  |                  |
|---|------------------|------------------|
| 1) Is the applicant's disability <u>permanent</u> or <u>temporary</u> ?   | <b>Permanent</b> | <b>Temporary</b> |
| 2) Is the applicant a paraplegic?   | <b>Yes</b>       | <b>No</b>        |
| 3) Is the applicant a hemiplegic?   | <b>Yes</b>       | <b>No</b>        |
| 4) Is the applicant a double lower limb amputee?  | <b>Yes</b>       | <b>No</b>        |
| 5) Is the applicant a single above-the-knee amputee?  | <b>Yes</b>       | <b>No</b>        |
| 6) Is the applicant an upper limb amputee?  | <b>Yes</b>       | <b>No</b>        |
| 7) Does the applicant have a permanent upper limb physical condition that makes the applicant <b>unable to use conventional archery equipment</b> ? | <b>Yes</b>       | <b>No</b>        |

8) Cause and clear description of the applicant's physical disability and how it impacts the use of conventional archery equipment (*print legibly and in layman's terms*):

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***I have examined the applicant and hereby certify that the information noted herein is an accurate assessment of the applicant's physical disability.***

Signature of Doctor:  
 \_\_\_\_\_  
 Doctor's Name (print clearly):

Date Signed:  
 \_\_\_\_\_  
 Office Telephone Number: