

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:

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

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**):

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:

Date Signed:

Doctor's Name (print clearly):

Office Telephone Number: