

## PART 2 - MEDICAL ASSESSMENT FOR A DISABLED HUNTER APPLICATION

TO BE COMPLETED BY A MEDICAL DOCTOR and uploaded as part of your Disabled Hunter Application that can be found under Special Licence Applications on your Manitoba elicensing account.

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The intent of a disabled hunter permit is to give a person with a permanent walking disability a reasonably equitable opportunity to access a hunting area. Severity of the disability will determine whether the applicant may also be authorized to discharge a firearm from a vehicle.

### CAUSE AND DESCRIPTION OF THE APPLICANT'S PHYSICAL DISABILITY AND HOW IT AFFECTS ABILITY TO WALK (print clearly):

Is the applicant's disability: ☐ Permanent ☐ Temporary

Is walking harmful to the applicant's condition? ☐ Yes ☐ No

Is walking inordinately painful for the applicant? ☐ Yes ☐ No

Is the applicant able to walk 50 metres without inordinate harm to health or risk to safety? ☐ Yes ☐ No

Does applicant require full-time assistance of a mobility aid such as a walker, cane or crutches? ☐ Yes ☐ No

Is applicant able to stand without the support or assistance of a walker, cane or crutches for an extended period of time? ☐ Yes ☐ No

Is applicant paraplegic or otherwise permanently dependent on a wheelchair for purposes of ambulating? ☐ Yes ☐ No

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 phone #: \_\_\_\_\_