



## Medical Professional's Advisory Letter (2010)

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To Whom It May Concern,

In an effort to ensure that all BC residents who wish to hunt have a reasonable opportunity to do so, the Ministry of Forests, Lands & Natural Resource Operations has implemented an application process to facilitate the hunting activities of persons with physical disabilities.

Your completion of the attached medical assessment form will enable the Ministry to determine whether the assessed applicant is eligible for the exemption(s) sought. If you have questions or concerns, please contact the Permit & Authorization Service Bureau at:

**Victoria:** (250) 387-2928

**Elsewhere in BC:** 1-866-433-7272

(To bypass phone tree, push 232)

Fax: (250) 387-1814

Sincerely,

A handwritten signature in black ink that reads "Tom Ethier".

Tom Ethier  
Director of Wildlife  
Fish, Wildlife & Habitat Management Branch  
Ministry of Forests, Lands & Natural Resource Operations



**TO THE MEDICAL DOCTOR:** Please complete the following:

1. Name of applicant: \_\_\_\_\_

2. Describe applicant's physical disability in **lay** terms: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

3. Is the disability permanent? Yes  No  Other (describe) \_\_\_\_\_

4. If the applicant is applying for a permit to discharge a firearm from a motor vehicle, please address the following:

A. Is the applicant, because of the disability, **able** to safely exit a motor vehicle, position himself or herself on uneven terrain, and load, hold, aim, and discharge a firearm without assistance?  
Yes  No

If yes, how long does it take to exit the vehicle? \_\_\_\_\_

Does the applicant require mobility assistance (e.g. cane, crutches, etc.)? Yes  No

B. Is the applicant able to safely load, hold, aim, and discharge a firearm while in a motor vehicle?  
Yes  No

5. If the applicant is applying for a permit to use a motor vehicle in a place closed to motor vehicle use, please address the following:

A. Is the applicant **able** to walk 100 metres on even ground while carrying a firearm?

Yes  No

If yes, please answer the following

i. how long would it take applicant to walk 100 metres on even ground? \_\_\_\_\_

ii. would this cause the applicant considerable pain? Yes  No

iii. does the applicant require mobility assistance (e.g. cane)? Yes  No

6. Please specify any additional medical information (in lay terms) relevant to the applicant's permit request, especially if you feel the applicant has a physical disability that ought to be considered in deciding whether to issue the permit requested, despite the answers to the questions above.

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Name of Medical Doctor: \_\_\_\_\_ B.C. Physician Licence #: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Medical Doctor's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**TO THE APPLICANT:** This completed medical form **MUST accompany** your completed **Disabled Hunting Permit application** and be submitted to the Permit & Authorization Service Bureau at:

**Permit & Authorization Service Bureau**

**Physical Address:** 4<sup>th</sup> Floor, 2975 Jutland Road, Victoria, B.C. V8T 5J3

**Mailing Address:** PO Box 9372 STN PROV GOVT, Victoria, B.C. V8W 9M3

**FAX to: (250) 387-1814**

**For Ministry Use Only:**

Is this applicant eligible for the following exemption(s)?

i). Shoot from a vehicle: Yes\_\_\_\_\_ No\_\_\_\_\_

ii). Access to motor vehicle closed area(s): Yes\_\_\_\_\_ No\_\_\_\_\_

\_\_\_\_\_  
Signature of Director (or deputy)

\_\_\_\_\_  
Date of Signature