



**Medical Professional's Advisory Letter**

---

To Whom It May Concern,

In an effort to ensure that all BC residents who wish to hunt have the opportunity to do so, the Ministry of Environment has implemented an application process to facilitate the hunting activities of persons with 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) s/he seeks. If you have questions or concerns, please contact the Permit & Authorization Service Bureau at:

**Victoria:** (250) 952-0932

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

(To bypass phone tree, push 2 then 3)

Fax: (250) 387-0922

Sincerely,

Al Martin  
Director  
Fish & Wildlife Branch  
Ministry of Environment

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

1. Name of applicant: \_\_\_\_\_
2. How long has the applicant been a patient of yours? \_\_\_\_\_
3. In your opinion, does the applicant have a mobility-related disability? Yes \_\_\_ No \_\_\_

Please indicate which of the following afflictions the applicant suffers from:

- Inability to walk in varied terrain conditions, and while lifting and carrying items?  
Yes \_\_\_ No \_\_\_
- Inability to exit a motor vehicle and position him/herself on uneven terrain, while holding, aiming and discharging a loaded firearm?  
Yes \_\_\_ No \_\_\_
- Inability to balance (both stationary and in motion) while handling a firearm, and while lifting and carrying items?  
Yes \_\_\_ No \_\_\_
- Chronic or intermittent but significant pain, especially in the arms, legs, chest or back, that affects the applicant's ability to walk, lift or carry?  
Yes \_\_\_ No \_\_\_
- Chronic or intermittent joint stiffness that it affects the applicant's ability to walk, lift or carry? Yes \_\_\_ No \_\_\_

4. Name/ Type of disability: \_\_\_\_\_
5. Date disability was diagnosed: \_\_\_\_\_
6. Will this applicant's disability be long-term? \_\_\_\_\_
7. In your opinion, is the applicant able to safely handle a firearm in his or her condition?  
Yes \_\_\_ No \_\_\_

Name of Medical Doctor: \_\_\_\_\_ BC Physician Licence #: \_\_\_\_\_

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

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

---

**TO THE APPLICANT:** please include this completed medical form with your completed General Permit Application and return to the Permit & Authorization Service Bureau at:

**Ministry of Environment  
Permit & Authorization Service Bureau  
2975 Jutland Road  
PO Box 9372 STN PROV GOVT  
Victoria BC V8W 9M3**

**or FAX to: (250) 387-0922**