



VIRGINIA DEPARTMENT OF WILDLIFE RESOURCES  
DISABLED HUNTER LOCAL TREESTAND EXEMPTION FORM

(Under Authority of §29.1-528.2 of the Code of Virginia)

**This form is not required for any hunter who holds a permanently disabled or veteran disabled license.**

**Purpose:**

This form is to provide a physician's certification of a disability that qualifies for an exemption from climbing and using an elevated treestand as per §29.1-528.2 of the Code of Virginia during any hunting season which a locality requires a person to be in an elevated stand. Qualifying disabilities for the purposes of this certification, according to §29.1-528.2, are permanent disabilities as set forth in §58.1-3217, and means "unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or deformity which can be expected to result in death or can be expected to last for the duration of such person's life." §29.1-528.2 further specifies that this exemption shall apply only to a hunter whose permanent disability is based on physical impairment or deformity.

- A physician must complete this form prior to hunting.
- This form is not required for any hunter who holds a permanently disabled or veteran disabled license.
- **This completed form shall be in your possession while hunting.**

**Hunter Information:**

Name (*First, Last*): \_\_\_\_\_  
Date of Birth (*mm/dd/yyyy*): \_\_\_\_/\_\_\_\_/\_\_\_\_ DGIF Customer ID (*if available*): \_\_\_\_\_  
Address (*Street*): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Physician's Statement:**

I hereby certify that \_\_\_\_\_ (*hunter's name*) is disabled to a degree to meet the criteria set forth in §29.1-528.2 of the Code of Virginia, preventing them from climbing a treestand during the upcoming/current hunting season designated by the Virginia Department of Wildlife Resources and required by my county.

Date of Examination (*mm/dd/yyyy*): \_\_\_\_/\_\_\_\_/\_\_\_\_ Medical License #: \_\_\_\_\_  
Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Printed name of Physician: \_\_\_\_\_  
Office Address (*Street*): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

This authorization does not constitute a hunting license or privilege.

All laws and license requirements remain applicable and in effect.

**This authorization form does not allow a hunter to hunt or shoot from a vehicle.**