

Virginia Conservation Police
Department of Wildlife Resources
Physician's Affirmation as to a Person's Permanent
Inability to Walk

VCP- 410 ver. 2014.9

Prerequisite for permit to shoot from vehicle as allowed m § 29.1-521.3 Code of Virginia

TO: Commonwealth of Virginia, Conservation Police / Department of Wildlife Resources

PHYSICIAN'S AFFIDAVIT OF PATIENT'S PHYSICAL EXAM

Physician's Certification (To be completed by physician)

Physician's Name (please print):

Street or R.F.D. Address:

City:

State:

Zip Code:

Briefly describe applicant's disability(s): (use additional sheets if necessary)

Physician's Statement: It is my professional opinion that

(Name of PatlenUApplicant)

(Patient's/Apphcant'sAddress)

Patient's Contact Phone Number

Patient's Date of Birth

is permanently unable to walk due to impaired mobility (Impaired mobility has been defined as a permanent inability to walk due to impaired mobility without the use of or assistance from a brace, crutch, prosthetic device, or wheelchair.) By signing this statement, I certify that the information provided m the physician's statement is true and correct and that I am currently a licensed physician in

(State)

My professional opinion is based upon a physical examination of

(Name of PatienUApplicant)

which I conducted on the

day of

, 20

X

(Signature of Examining Physician)

(Date)

Important Notice to Certifying Physician

The permit for which this certification is required is legal only for those persons who are PERMANENTLY unable to walk due to impaired mobility. It is not for issuance to those individuals with temporary disabilities or with conditions that limit stamina or physical endurance. Physicians having any questions regarding this form may call the Conservation Police, Virginia Department of Wildlife Resources, 804/367-0171.

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