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

TO: Commonwealth of Virginia, Conservation Police / Department of Game and Inland Fisheries

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 Patient/Applicant)

(Patient's/Applicant's Address)

(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 in 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 Patient/Applicant)

which I conducted on the day of , 20 .

(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 Game and Inland Fisheries, 804/367-0171.

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