

This section to be completed by a licensed medical professional listed below

Certification by currently licensed medical, osteopathic or chiropractic doctor for those who are physically unable to walk; optometrist or ophthalmologist for those who are legally blind; medical doctor or letter from the Department of Social Services for those with developmental disabilities. If you are sending a letter from the Department of Social Services verifying a developmental disability with your application, you do not need this section filled out.

Physician's Statement: Under penalty of perjury, I hereby certify that the above named applicant has (please check all that apply):

SMALL GAME AND FISHING:

- paralysis of the lower half of the body including both legs; OR
- a total absence of voluntary muscle control that allows the applicant to walk; OR
- a visual acuity of 20/200 or less in the better eye with corrective lenses or has a limited field of vision such that the widest diameter subtends an angular distance of no greater than 20 degrees.

FISHING ONLY:

- a severe chronic developmental disability that meets **all** of the following requirements:
 1. Is attributable to a mental or physical impairment or combination of mental and physical impairments; **and**
 2. **Is manifested before the person attains age twenty-two; and**
 3. Is likely to continue indefinitely; **and**
 4. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; **and**
 5. Reflects the person's need for an array of generic services, met through a system of individualized planning and supports over an extended time, including those of a life-long duration.

SIGNATURE _____ (PRINT) _____
(Currently licensed medical, osteopathic or chiropractic doctor; or optometrist or ophthalmologist)

Address _____ City _____ State _____ Zip _____
(_____) _____ - _____ / ____ / ____
Area code and Phone Number Date