

Vermont Fish and Wildlife Department
Law Enforcement Division
1 National Life Drive, Davis 2
Montpelier, VT 05620-3702
802-828-1483

I, the undersigned hereby give the office of Dr. _____, permission to speak with personnel from the Fish and Wildlife office regarding the injury/impairment mentioned below.

Signature of Patient

Date

MEDICAL CERTIFICATION OF IMPAIRMENT FOR CROSSBOW HUNTING

ORIGINAL APPLICATION MUST BE SUBMITTED

10 V.S.A §4711 CROSSBOW HUNTING

Permanent Fee: \$25.00

Temporary Fee: \$5.00

NO CASH Check or money order made payable to Vermont Fish and Wildlife Dept.

“A person who is impaired to the degree that he or she cannot operate a standard bow may obtain a permit to take game with a crossbow. A person applying for this permit must personally appear before the Commissioner of Fish and Wildlife, or his or her designee, with certification from a licensed physician that he or she is so disabled. The Commissioner may obtain a second medical opinion to verify the disability. Upon satisfactory proof of the disability, the Commissioner may issue a permit under this section...”

PERSON EXAMINED: _____
(PRINT FULL NAME) (DATE OF BIRTH)

(MAILING ADDRESS) (TELEPHONE NO)

I certify that _____ has been examined by me and is impaired to the degree that he/she cannot operate a standard bow. This disability is a TEMPORARY / PERMANENT disability and is described as follows: (Circle one)

DATE: _____ MD

ADDRESS: _____

TELEPHONE NO: _____

TO HAVE THIS PERMIT ISSUED, PLEASE CONTACT YOUR LOCAL WARDEN SUPERVISOR OR YOUR LOCAL GAME WARDEN AND THEY WILL TELL YOU HOW TO SET UP AN APPOINTMENT.

ESSEX - 802/878-1564
RUTLAND - 802/786-0040

ST. JOHNSBURY - 802/751-0100
SPRINGFIELD - 802/289-0630

Rev. 03/17