

State of Idaho

Department of Fish and Game

Hunter Disability Certification Form

Rev. 02/20 LicHQ

APPLICANT'S CERTIFICATION

I certify that my medical condition will prevent me from performing the tasks required to hunt big game in the State of Idaho during the established current season for which the hereto attached hunting license(s) and tags that I applied for and received is (are) valid.

Check one of the following:

I have not participated in deer elk hunting activity in the State of Idaho for the year _____ (year)

I have not hunted in the State of Idaho during the current hunting year.

Last Name First Name Middle Initial Telephone No.

Street Address City State Zip Code

The undersigned certifies under penalty of perjury that all of the above information provided above is true and correct. Any person willfully making false statements in this certification shall be guilty of a criminal misdemeanor and the refund request will be void. I hereby authorize the release of my personal medical records to the Idaho Department of Fish and Game or a Department's representative.

Applicant's signature: _____ Date: _____

PHYSICIAN'S CERTIFICATION

I _____ certify under penalty of criminal perjury Physician's Name (print or type)

that I am a medical doctor, licensed to practice medicine in the State of _____

and that _____ has the following medical condition: Applicant's Name (print or type)

_____, date of

occurrence or diagnosis _____ and duration or expected recovery date _____, which will prevent him/her from performing the tasks necessary to exercise the privileges of hunting big game in the State of Idaho with the license issued to him/her. Any person willfully making false statements in this certification shall be guilty of a criminal misdemeanor and the refund request will be void.

Physician's signature: _____ Date: _____

Mail this completed form, the Refund Request form and applicable licenses and tag to:

IDFG License Section - Refunds
P.O. Box 25
Boise, ID 83707-0025