



West Virginia Division of Natural Resources Disability Medical Evaluation

THE FOLLOWING MUST BE COMPLETED BY A LICENSED PHYSICIAN/APRN/PA OR CHIROPRACTIC PHYSICIAN:

Please print or stamp clearly. If not legible, the application will not be accepted.

Physician/APRN/PA/Chiropractic Physician Name: _____

Address: _____
(Street, PO Box, or Route) City State Zip

Title: _____ Telephone: _____ Fax: _____

- I understand that as stated in W. Va. Code §20-2-46e, in order to be issued a Class Q special hunting permit for disabled persons, an applicant must meet one of the following conditions of permanent disability. Please check only those which apply.
 - Permanent or irreversibly physical disability that prevents ability to ambulate without use of a wheelchair, walker, crutches, one leg brace or external prosthesis above the knee, or two leg braces or external prosthesis below the knees for mobility.
 - Multiple conditions that result in a minimum of 90 percent loss of use of a lower extremity.
 - Lung disease to the extent that forced expiratory volume for one second when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest.
 - Cardiovascular disease to the extent that functional limitations are classified in severity as class 3 or class 4, according to standards set by the American Heart Association and where ordinary physical activity causes palpitation, dyspnea or anginal pain.

* I certify the patient whose name appears on this application is currently under my care and has the impairment stated above.

Physician/APRN/PA/Chiropractic Physician Signature Date

Print Physician/APRN/PA/Chiropractic Physician License Number and State of Issue

Applicant Signature Date

Print Applicant Name

Send completed application with original signatures to:
West Virginia Division of Natural Resources
ATTN: License Section
112 California Ave
Charleston, WV 25305

DNR-CR-Q1
03/21/25