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## Medical Professional's Advisory Letter (2025)

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To Whom It May Concern,

In an effort to ensure that all individuals who wish to hunt have a reasonable opportunity to do so, the Ministry of Water, Land and Resource Stewardship (the "Ministry") has implemented an application process to facilitate the hunting activities of persons with a physical disability.

Hunters with a physical disability can apply for permits that would enable them to do the following:

- A.** Discharge a firearm from a motor vehicle
  - This is intended for those persons who are unable to safely exit a motor vehicle, place two feet on the ground, stand up and lean on the vehicle to shoot (e.g., paraplegics)
- B.** use a motor vehicle to hunt in areas closed to motor vehicles
  - This is primarily intended for those persons who are unable to walk very far without mobility assistance (e.g., cane, walker, crutches, wheelchair, or prosthetics)
- C.** Be assisted by having one or more hunting companions, to track, kill and retrieve big game wounded by the hunter with a physical disability (open or closed area)
  - This is primarily intended for those persons who are unable to walk very far without mobility assistance (e.g., cane, walker, crutches, wheelchair, or prosthetics)
- D.** Be assisted by having one or more designated (proxy) hunting companions, to hunt and kill big game on behalf of the hunter with a physical disability
  - This is intended for those persons who are completely unable to discharge a firearm or crossbow due to their physical disability (e.g., quadriplegics, double arm amputee)

Your completion of the attached medical assessment form will enable the Ministry to determine whether the assessed applicant is eligible for the permit(s) sought. If you have questions or concerns, please contact Terry Ahern, my Medical Assessment Advisor, in Victoria at (778) 698-9228.

Sincerely,

Michael Burwash  
Deputy Director of Wildlife  
Wildlife Branch  
Ministry of Water, Land and Resource Stewardship

**TO THE MEDICAL DOCTOR:** Please complete the following:

1. Name of applicant: \_\_\_\_\_

2. Describe applicant's physical disability in lay terms: \_\_\_\_\_

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3. Is the disability permanent? Yes ☐ No ☐ Other (describe) \_\_\_\_\_

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4. If the applicant is applying for a permit to discharge a firearm from a motor vehicle, please address the following:

A. Is the applicant, despite their disability, able to safely exit a motor vehicle, position themselves on uneven terrain (including using the outside of the vehicle for support), and load, hold, aim, and discharge a firearm? Yes ☐ No ☐

If yes, please answer the following:

i. How long would it take applicant to exit the vehicle? \_\_\_\_\_

ii. Would this cause the applicant considerable pain? Yes ☐ No ☐

iii. Does the applicant require mobility assistance to exit the vehicle (please circle applicable one: cane, walker, crutches, wheelchair, prosthetics, other)?

Yes ☐ No ☐

B. Is the applicant able to safely load, hold, aim, and discharge a firearm while in or on a motor vehicle? Yes ☐ No ☐

5. If the applicant is applying for a permit to use a motor vehicle in a place closed to motor vehicle use, or to have a hunting companion track, kill, and retrieve big game wounded by the applicant, please address the following:

A. Is the applicant **able** to walk 100 metres on even ground while carrying a firearm?

Yes ☐ No ☐

If yes, please answer the following:

i. How long would it take applicant to walk 100m on even ground? \_\_\_\_\_

ii. Would this cause the applicant considerable pain? Yes ☐ No ☐

iii. Does the applicant require mobility assistance to ambulate (please circle applicable one: cane, walker, crutches, wheelchair, prosthetics, other)?

Yes ☐ No ☐

B. If the applicant is able to walk 100 metres but has a physical disability that significantly affects their ability to hunt, please explain how it affects their ability to hunt.

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6. If the applicant is applying for a permit for a designated (proxy) hunting companion to hunt on their behalf, is the applicant completely physically **unable** to discharge a firearm or crossbow (e.g., quadriplegic, double-arm amputee)? Yes ☐ No ☐

If yes, please describe the nature of the applicants' disability. \_\_\_\_\_

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7. Please specify any additional medical information (in lay terms) relevant to the applicant's permit request, especially if you feel the applicant has a physical disability that ought to be considered in deciding whether to issue the permit(s) requested, despite the answers to the questions above.

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Name of Medical Doctor: \_\_\_\_\_ Physician Licence #: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Medical Doctor's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

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**TO THE APPLICANT:** This completed medical form, in its entirety, **MUST accompany** your completed **Disabled Hunting Permit application** and be submitted to a FrontCounter BC office.

#### **By Phone**

Toll free at: **1-877-855-3222**

From outside North America at: **++1-778-372-0729**

#### **By Email**

Send us an e-mail at: [FrontCounterBC@gov.bc.ca](mailto:FrontCounterBC@gov.bc.ca)

#### **In Person**

Come and visit one of our many locations across B.C.

[https://portal.nrs.gov.bc.ca/documents/10184/0/2018\\_FrontCounterBC\\_Brochure.pdf/00c55f04-9e63-9596-3ea4-6ccd94c10433](https://portal.nrs.gov.bc.ca/documents/10184/0/2018_FrontCounterBC_Brochure.pdf/00c55f04-9e63-9596-3ea4-6ccd94c10433)