



ACTIVE DUTY ONLY (MUST HAVE DOCTOR SIGNATURE BELOW)

This is required to ensure that you have your commands approval and doctor approval to handle a weapon. If your command or WTU has a check list that also has a doctor's signature a copy of that can also be used.

By filling out this portion of the application you, the physician, are stating that the above warrior is mentally and physically able to participate in our hunt, with the limitations stated below.

IMPORTANT! – Doctor's name _____ Phone No. ____-____-_____

Medical Release Approval and Authority _____ Date: _____

I, the attending physician, by signing this application, release _____ for the activities involved in hunting and handling firearms as well as other outdoor activities. Limitations: _____

**** ACTIVE DUTY: Without this doctor's signature, applications cannot be considered****