



**United States Department of the Interior**

U.S. Fish and Wildlife Service  
Okefenokee National Wildlife Refuge  
Route 2 Box 3330  
Folkston, Georgia 31537  
(912) 496-7836



**WHEELCHAIR HUNTING PRIVILEGES FORM**

Instructions for the examining physician:

This statement which you are being asked to verify will allow the individual identified to participate in a refuge-sponsored hunting program for those who are wheelchair-bound. The program is designed to accommodate only those individuals who would otherwise not be able to participate in hunting activities on Okefenokee National Wildlife Refuge. In order to qualify, the individual must be confined to a wheelchair, either temporarily or permanently. A wheelchair must be the only form of mobility available for the permit applicant. If use of a wheelchair is temporary, please list the inclusive dates during which the individual will be confined to a wheelchair.

**PHYSICIANS STATEMENT OF ELIGIBILITY FOR  
WHEELCHAIR HUNTING PRIVILEGES**

I hereby certify that \_\_\_\_\_ (Applicant's Name) is restricted to the use of a wheelchair for mobility, and would be unable to participate in hunting activities at Okefenokee National Wildlife Refuge except through those activities and privileges granted to wheelchair hunters.

The use of a wheelchair by the applicant is \_\_\_\_ permanent or \_\_\_\_ temporary in nature. (If the use of a wheelchair is temporary, the dates through which the use is mandatory are \_\_\_\_\_ to \_\_\_\_\_.) I understand that this is only a statement of eligibility for the applicant to apply for wheelchair hunting privileges at Okefenokee National Wildlife Refuge.

Physician \_\_\_\_\_ Date \_\_\_\_\_

Applicant \_\_\_\_\_ Date \_\_\_\_\_

*This physician's statement must accompany the hunter's application for it to be accepted.*