COLORADO
Parks and Wildlife
Department of Natural Resources

License, Pass, and Reservation Administration
6060 Broadway
Denver, CO 80216
P 303.291.7208

Extreme Medical Exception Form

This form must be included with each request (per license) for refund or preference point restoration form when the submission deadline for that request has been missed and the customer is requesting an extreme medical circumstance exception. This form must be completed by a medical doctor. All 3 provided spaces must be initialed, along with the signature and medical license #. In addition, the medical doctor's business card must be attached or the official stamp of the office must be stamped on the bottom right. If all of these requirements cannot be fulfilled, the request will automatically be denied.

Section to be completed by license holder:

Customer Name	CID

Date of Birth	Hunt Code	Date of Season Start

Section to be completed by physician:

I certify that the above patient is under my care and I am aware of their condition which is to be considered an extreme medical circumstance.
_____Initial

I certify that this condition was unforeseeable, has been exacerbated or the expected duration of recovery has taken longer than expected. This condition will prevent the patient from reasonably participating in activities associated with hunting.
_____Initial

I certify that this condition prevented the patient from turning in the hunting license prior to 30 days before the date the season started as listed above.
_____Initial

By signing below you are certifying that the above statements are true and accurate.

Physician Signature Medical License # Date

Attach medical business card here

OR

Use official office stamp in space

provided to the right→

Dan Prenzlow, Director, Colorado Parks and Wildlife • Parks and Wildlife Commission: Michelle Zimmerman, Chair • Marvin McDaniel, Vice-Chair
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