



# COLORADO

## Parks and Wildlife

Department of Natural Resources

6060 Broadway  
Denver, CO 80216-1029  
P 303.291.7208 | F 303.291.7106

### Extreme Medical Exception Form

This form must be included with refund/preference point restoration form when the customer is requesting an extreme medical circumstance exception. This form must be completed by a medical professional.

#### Section to be completed by license holder:

|               |  |                      |
|---------------|--|----------------------|
| Customer Name |  | CID                  |
| Date of Birth |  | Hunt Code            |
|               |  | Date of Season Start |

Medical Professionals: initial or check the box next to the statement below. Your office or personal business card or stamp must be included. Applications without your certification, signature and medical license #, card/stamp will be denied.

#### Section to be completed by physician:

Please initial on the line next to the statement, if true.

\_\_\_\_\_ I certify the following:

- The above patient or their immediate family is under my care and I am aware of their condition, which is to be considered an extreme medical circumstance. *(Immediate family is defined as spouse, parents, grandparent, children, grandchildren, and sibling including in-law and step relations.)*
- 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.
- This condition prevented the patient from turning in the hunting license prior to 30 days before the date the season started as listed above (if applicable).

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

Medical Professional Signature

Medical License #

Date

Attach medical business card here

OR

Use official office stamp in space

provided to the right→

