



Physician's Affidavit of Developmental Disability for Proxy Fishing and Hunting

This affidavit is for Alaska residents with developmental disabilities **AS 16.05.940 (25)** (see definition on reverse) wishing to have another Alaska resident proxy fish or hunt for them. This completed affidavit must be presented to the Alaska Department of Fish and Game when seeking authorization of a Proxy Fishing or Proxy Hunting form.

PATIENT: PLEASE COMPLETE THE FOLLOWING:

Patient's Name _____

Mailing Address _____

Physical Address _____
(if different from mailing address)

By signing below, I am verifying the above information is correct.*

X Patient's Signature _____

Note: You must bring this affidavit with you each time you apply for a proxy. Always keep a copy of this form in a safe place. If you lose this affidavit, you will have to request a copy from your physician in order to obtain a proxy.

PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

By signing below, I affirm that I am a physician, licensed to practice medicine in the state of Alaska, and that the patient listed above **has a developmental disability per AS 16.05.940 (25)** (see definition on reverse).*

Physician's Signature

Date

Physician's Name (Print)

Physician's Alaska License #

Address

Phone Number

Address

*Providing false information on this form is subject to punishment as a misdemeanor under AS 16.05.420 and AS 11.56.210

ALASKA STATUTE 16.05.940 definitions (25) states:

"person with developmental disabilities" means a person who presents to the department an affidavit signed by a physician licensed to practice medicine in the state stating that the person is experiencing a severe, chronic disability

- (A) attributable to a mental or physical impairment or a combination of mental and physical impairments;
- (B) that is manifested before the person reaches 18 years of age;
- (C) that is likely to continue indefinitely;
- (D) that results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self- sufficiency;
- (E) that reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated;
- (F) and that the person is not a danger to themselves or others;
- (G) and that the person does not suffer from a mental illness; in this subparagraph, "mental illness" means an organic, mental, or emotional impairment that has substantial adverse effects on a person's ability to exercise conscious control of the person's actions or ability to perceive reality or to reason or understand.