



State of Alaska
Department of
Fish & Game

Physician's Affidavit of Physical Disability For Proxy Fishing and Hunting

Alaska Statute 16.05.940 definitions (26) states: "A person with physical disabilities means a person who presents to the department either written proof that the person receives at least 70 percent disability compensation from a government agency for a physical disability or an affidavit signed by a physician licensed to practice medicine in the state stating that the person is **at least 70 percent physically disabled.**"

Patient's Name _____
Last First MI

Mailing Address _____
Street or PO Box City State Zip

Physical Address (if different from mailing address) _____
City/State

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 is at least 70 percent physically disabled.

As a courtesy to the patient and with the patient's permission, if the disability is permanent, ADF&G may keep a photocopy of this Affidavit on file. If the disability is not permanent, the patient is required to furnish one Affidavit per calendar year. This statement of disability permanence is voluntary.

Is this patient's disability permanent? _____ Yes _____ No

Physician's Signature

Physician's Alaska License #

Address

Date

Physician's Phone Number

Providing false information on this affidavit is subject to a maximum penalty of \$10,000 or one-year imprisonment or both, per AS 16.05.420.

Statement of confidentiality. All personal information provided on this affidavit will be kept confidential by the agency in the absence of express permission for disclosure. Neither the original nor any copies for this form shall be kept on file by the agency, unless expressly permitted by the patient.