MEMORANDUM

TO: Physician

FROM: New York State Department of Environmental Conservation

SUBJECT: Guide License Applicant’s Physical Ability

________________________, being an applicant for a license to guide pursuant to Environmental Conservation Law, Section 11-0533 and Title 6 of the New York Codes, Rules, and Regulations, Part 197, is required to provide this Department with a statement of physical ability, signed by a Licensed Physician, Physicians Assistant or Certified Nurse Practitioner. The statement is intended to attest to the fact that the applicant has been found to be physically able to engage in the activities necessary to the holder of a license to guide.

If you find that the applicant has a physical defect or condition which reasonably could affect the ability of the applicant to carry out the responsibilities of a guide, your statement of physical ability should contain a caveat or recommendation for limiting the scope of the license. This should take the form of a restriction, similar to a restriction on a driver’s license.

It is important to keep in mind that a condition which might pose a threat to the health and well-being of the guide also threatens the person(s) being guided. Should a guide become disabled, and unprepared, a dependent client might be left to fend for him or herself in an unfamiliar and possibly hostile environment.

The above-named individual is applying for a license to guide for the following activities:
GUIDE ACTIVITY DESCRIPTION

Hunting, Fishing, Hiking, and Camping Guides

Guides in these four categories may escort parties through wildland areas which may include hilly or mountainous topography. They may walk long distances, up to fifteen miles per day, and carry substantial weights in a backpack. The weight carried will vary but may be as much as seventy-five pounds. Minimum physical requirements for these activities would be as follows:

Hunting, under most circumstances, will require the guide to walk several miles. An exception would be for waterfowl hunting where a boat is used.

Fishing guides may limit their activities to bodies of water where they use boats and little or no walking or carrying is necessary. Others may guide to remote streams or ponds which requires walking long distances over rough terrain.

To carry out the responsibilities of a hiking or camping guide, the applicant should be generally free of any physical defect or disability which would put the guide or a person being guided in jeopardy due to the exertion of climbing slopes, walking long distances, and carrying heavy loads. The exceptions to this would be if the use of boats, canoes, or horses are used for transportation.

Whitewater Canoeing and Rafting and Rock and Ice Climbing

Applicants for these two activities engage in very hazardous and strenuous activities with the potential for emergencies and life-threatening situations being relatively commonplace. Guides for both activities should be fit and capable of periods of great exertion. They must also be able to assist in rescue efforts which may include lifting, climbing and carrying over very rough terrain.
PHYSICIAN’S STATEMENT OF PHYSICAL ABILITY TO GUIDE

Name of Guide License Applicant________________________________________________

The aforementioned, being an applicant for a New York State License to Guide for the
following activities,

__________________________  ____________________________
__________________________  ____________________________
__________________________  ____________________________
__________________________  ____________________________

has been examined by me with the following results:

__________________________  (is) (is not) physically able to carry out (all) (only
those activities indicated below)

Restrictions:

__________________________  ____________________________
__________________________  ____________________________

Name of Physician (printed or typed)

__________________________  ____________________________

Physician License Number

Signature

__________________________  ____________________________

Date

Physician’s Address:  ____________________________

__________________________  ____________________________

Physician’s Phone:  ____________________________