

**PHYSICIAN'S STATEMENT**

This statement is submitted to the Election Commission of \_\_\_\_\_ County, Tennessee pursuant to Tennessee Code Annotated §2-6-102(4)(A), as follows:

Patient's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

I hereby certify that I am licensed as a physician in the State of Tennessee and that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I saw and examined the patient listed above, and in my professional medical judgement, he or she is medically unable to appear at his or her polling place and is medically unable to go to the Election Commission office for the purpose of voting absentee by personal appearance.

It is my professional opinion that this patient is medically unable due to:

( ) Sickness, ( ) hospitalization, or ( ) physical disability.

This sickness, hospitalization, or physical disability is:

( ) perpetual or ( ) temporary (if temporary, estimated date of recovery is: \_\_\_\_\_).

I understand that this statement will be attached to the permanent registration record of the above mentioned person **and that this statement is submitted under the penalty of perjury.**

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
DOCTOR'S SIGNATURE

\_\_\_\_\_  
Name typed or printed

STATE OF TENNESSEE

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_

Seal