

# Physician's Statement

This statement is submitted to the Election Commission of \_\_\_\_\_ COUNTY, TENNESSEE pursuant to *Tennessee Code Annotated § 2-6-201(3)(A)*, as follows:

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

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 judgment, 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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone Number

