

Physician's Statement

This statement is submitted to the Election Commission of CROCKETT 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 the above named person's licensed physician and due to a sickness, hospitalization or physical disability it is my professional medical judgment, that 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 early voting.

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

