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