

**Physician's Statement for Medical Excuse**

Participant Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

To Federal Court Jury Clerk:

\_\_\_\_\_ **Permanent Excuse from Jury Service**

Please excuse the above named patient from federal jury duty due to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

it is medically advisable that the patient refrain from this type of service.

If this patient is employed, please explain why it would be more detrimental to them to serve on the jury than their normal employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Temporary Excuse from Jury Service**

Due to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: "For Medical Reasons" will not be accepted as valid explanation.**

**This form must be submitted by the prospective juror within five business days.**

