Physician's Statement for Medical Excuse of Jury Duty

Participant Number: _____

Patient Name: _____

Patient Address: _____

To: Commissioner of Jurors,

_____ Permanent Excuse from Jury Service Request

_____ Temporary Excuse from Jury Service Request

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

_____
_____
_____
_____
_____
_____
_____

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

Name of Physician: _____

Office Address: _____

Telephone Number: _____ Fax Number:_____

Signature of Physician: _____ Date: _____