

## Physician's Statement

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**ATTENTION VOTER:** Please fill out the top part of this form COMPLETELY with your personal information.

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

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

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

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

Registered Address:	Mailing Address:

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**Attention Physician:** Please complete the lower portion of this form COMPLETELY and then return it to the address below.

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 judgement, he/she is medically unable to appear at his/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\_\_\_\_

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**DOCTOR'S SIGNATURE**

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**Street Address**

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**Phone Number**

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**Name Typed or Printed**

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**City, State and Zip Code**

**Return to:**  
**Putnam County Election Commission**  
**705 County Services Dr**  
**Cookeville, TN 38501**

<b>For Office Use Only:</b>	
Voter # _____	
Dist _____	Precinct _____