Physician's Statement

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:**

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_____

_____
DOCTOR'S SIGNATURE

_____
Name Typed or Printed

_____
Street Address

_____
City, State and Zip Code

_____
Phone Number

Return to:

Putnam County Election Commission
705 County Services Dr
Cookeville, TN 38501

For Office Use Only:

Voter # _____

Dist _____ **Precinct** _____