

PHYSICIAN'S STATEMENT FOR MEDICAL EXCUSE

Participant's Number: _____

Patient Name: _____

Patient Address: _____

To Federal Jury Clerk:

General Excuse from Jury Service

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

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: _____

License Number: _____

Office Address: _____

Telephone Number: _____

Physician's Signature

Date

NOTE: This form must be submitted by the prospective juror within five (5) business days.