

Physician's Statement

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

Patient's Name: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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 judgment, he or she is medically unable to appear at his or 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 Physical Disability

This sickness, hospitalization, or physical disability is:

Perpetual 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

**Please return completed form to:
Anderson County Election Commission
100 N. Main St. room 207
Clinton, TN 37716
Or
Fax to: 865-457-5624**