

# Physician's Statement for Medical Excuse

Participant Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

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

To Federal Court Jury Clerk:

## General Excuse from Jury Service \_\_\_\_\_

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

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

If the patient is employed, please explain why it would be more detrimental to them to serve on the jury than their normal employment. This section is required if the juror works.

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## Temporary Excuse from Jury Service \_\_\_\_\_

Due to:

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Name of Physician: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Physician's License Number: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: This form must be submitted prior to the prospective juror's term of service.**