MEDICAL EXCUSAL FORM

This form is to be completed and signed by a physician on behalf of their patient, who is unable to appear for jury service. The jury commissioner has the discretion to accept an excuse without a personal appearance. All excuses must be in writing and indicate the basis for the request.

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| 1. STUDENT NAME   [Patient Name] | | 1. DOB   [DOB] | 1. AGE   [age] | 1. DATE   [date | time] |
| 1. HEIGHT   [height] | 1. WEIGHT   [weight] | 1. BLOODPRESSURE   [BP] | 1. PULSE   [pulse] | 1. LMP   [LMP] |

**PROBLEMS ADDRESSED**

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**ALLERGIES**

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**MEDICATIONS**

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| **To be Completed by Physician**  I certify under penalty of perjury that the foregoing is true and correct.  **Temporary Medical Excusal:** The prospective student has requested a temporary excusal from the school based on a medical or mental condition that would cause them undue risk of mental or physical harm. The student should be excused until [DATE].  **Permanent Medical Excusal:** The prospective student has requested a permanent excusal from the school based upon a medical or mental condition that would cause him undue risk of mental or physical harm.  Medical Reason for Excuse:   |  | | --- | |  | |  | |
| Doctor’s Signature & Date: |

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