



CONFIDENTIAL – COURT USE ONLY

Physician's Certificate for Release from Jury Service

This document must be signed by a physician, either an MD or DO, who is the patient's primary care provider

Date: _____

Patient's Name (Please Print): _____

Based on my personal medical recommendation, the above-named person should be excused from jury service as follows:

Temporarily Excused until: _____
Brief Description of Medical condition: _____

Permanently Excused
Brief Description of Medical condition: _____

Print Name of Physician

Signature of Physician

I hereby give my full and free consent for my physician, named above, to disclose to the Court any medical condition I have which would prevent me from serving on a jury in Bear Lake County.

Print Name of Patient

Signature of Patient