

## **PHYSICIAN'S STATEMENT FOR MEDICAL EXCUSE**

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

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

### ***General Excuse from Jury Service***

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

\_\_\_\_\_  
\_\_\_\_\_

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

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***

Please temporarily excuse the above named patient due to:

\_\_\_\_\_  
\_\_\_\_\_

Please provide date when available to serve as a juror: \_\_\_\_\_

If you have any additional questions regarding this matter, please contact the jury office.

**BUFFALO PHONE: 716-551-1520, BUFFALO FAX: 716-551-1505**  
**ROCHESTER PHONE: 585-613-4017; ROCHESTER FAX: 585-613-4035**

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

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

Telephone #: \_\_\_\_\_

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

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

Date: \_\_\_\_\_