

Medical Certification

Date: [Insert Date]

To Whom It May Concern,

I, Dr. [Physician's Name], a licensed medical provider, certify that my patient, [Patient's Name], has a medical condition that requires them to be excused from jury duty. The specific nature of the condition is [brief description of condition].

This condition limits [Patient's Name]'s ability to serve on a jury and may cause [describe effects related to jury service]. Therefore, I recommend that they be exempted from jury duty for the duration of [insert time period].

If further information is needed, please feel free to contact my office at [Insert Phone Number] or [Insert Email Address].

Sincerely,

Dr. [Physician's Name]

[Medical License Number]

[Practice Name]

[Practice Address]