

MEDICAL CERTIFICATE

JUROR NAME: _____
(Please Print)

JUROR #: _____ MONTH PANEL # TELEPHONE NUMBER _____
(found on summons)

I, _____, am a medical practitioner duly licensed to practice medicine in the province of Nova Scotia. I have been informed by the above-named patient, a person I am familiar with, that he/she is required to report for jury duty.

I hereby certify to the Supreme Court of Nova Scotia, that the above-named patient suffers from _____ which in my opinion renders him/her unfit for jury duty because:
(Identify condition)

Dated this _____ day of _____, 20_____.

Signature of Physician

Name of Physician _____
Please Print

Address of Physician _____
Please Print

NOTE:

1. A juror **must** appear for jury duty **unless** exempted by the court. Failure to appear is an offence under Section 24(2)(c) of the Juries Act.
2. Doctors Nova Scotia advises that "Completion of this form is not an MSI insured service; patient is responsible for payment".

