

MEDICAL CERTIFICATE

Part A – Juror’s Information

Name:
Juror Number:
Jury Panel:

Part B – To be completed only by an eligible medical professional or care provider as listed on chart below

Initial to the right of your applicable designation

Medical Doctor		Nurse Practitioner		Psychologist	
Chiropractor		Physiotherapist		Audiologist	
Social Worker		Speech Language Pathologist		VA Caseworker	

I have been informed by the patient named in Part A of this form that this patient is required to report for jury duty. I hereby certify to the Supreme Court of Nova Scotia, that in my opinion the above-named patient is unfit for jury duty because:

Dated this _____ day of _____ 20 _____

Signature of Provider

Name of Provider:
Address of Provider:

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”.