

Form GJ-19,

PHYSICIAN'S CERTIFICATE OF JUROR'S ILLNESS OR INJURY FORM.

THE GRAND JURY

Of the _____ Jury (Legislative) District of:

Grand Jury Term from _____ to _____

Confidential

Form GJ-19 - PHYSICIAN'S CERTIFICATE OF JUROR'S ILLNESS OR INJURY FORM

(The Attending Physician is required to keep documents strictly confidential)

(Note: Legible hand-printed information is sufficient to accomplish this form. No need to type)

TO WHOM IT MAY CONCERN:

The UNDERSIGNED PHYSICIAN HEREBY CERTIFIES that the bearer who identified himself/herself as a Grand Juror with SIDN# _____ has submitted for medical consultation and treatment on (date) _____. I have thoroughly examined the patient and it appears that ()-he ()-she is suffering from an acute or serious illness medically described as

I ordered complete home rest or hospital confinement at the _____ for this patient from (date) _____ up to (date) _____. I have kept a medical record of this patient with his true name in my medical file for ready inspection under the exclusive authorization by the Grand Jury.

My medical license number is _____ with the Philippine Government Registry of Physicians or Board.

This certificate is issued under penalty of perjury that the foregoing information are true and correct this _____ day of the month of _____, year _____.

Physician's Signature _____

Physician's printed name _____

Business street address _____

Mun/City of _____, Province _____, Philippines