



# City of Medford

ELECTION COMMISSION

85 George P. Hassett Drive, Room 102

Medford, Massachusetts 02155

781-393-2491

## **Physician Certificate – Permanently Disabled Absentee Voter MGL Ch 54 Sec 86**

[DATE]

To the Medford Election Commission, Massachusetts:

I, the undersigned registered physician, hereby certify that I am personally acquainted with

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[Insert Voter's Name]

of

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[Insert Voter's Address]

and am aware of *his/her* permanent physical disability. It is reasonably certain because of permanent physical disability *he/she* will be unable to cast *his/her* vote in person at the polling place on the day of the election.

Signed: \_\_\_\_\_, MD