

FORM F

(rule 3(2))

CERTIFICATE OF REGISTERED HEALTH PRACTITIONER

I _____, being a health practitioner registered under the Health Practice Law (2017 Revision) to practice in the health profession of medicine, hereby certify, that in my professional opinion, _____
_____ being an applicant to be treated as an absent elector for the purposes of the Elections Law (2017 Revision), is -

unable/likely to be unable *

by reason of -

blindness/other physical incapacity (specify)*

to -

go in person to the polling station/if able to go, vote unaided.*

Signature of health practitioner

Date _____ 20 _____

* *Delete as appropriate*