

**FORM E**

(rule 3(2))

**CERTIFICATE OF REGISTERED HEALTH PRACTITIONER**

I \_\_\_\_\_, being a health practitioner registered under the Health Practitioners Law, (1995 Revision) to practise 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 (2004 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*