



**United States District Court
Middle District of Louisiana
Physician Attestation Form**

I, _____, a physician in good standing and licensed to practice medicine in the State of Louisiana in the field/specialty of _____ do hereby attest that _____ has a medical condition that may lead to significant health risks relative to receiving any of the COVID-19 vaccinations currently available in the United States. For this reason, it is my professional opinion that the individual identified herein should be exempted from any mandate requiring vaccination against the COVID-19 virus.

Signed:

_____ on _____

(Signature)

(Date)

(Printed Name)

I understand that I am required to provide accurate information on this form and that false statements could subject me to legal consequences, including fines and/or imprisonment. By signing this attestation form, I hereby declare under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief.