Tennessee Department of Safety and Homeland Security

Tennessee Safety Belt Physical Disability Exemption
Pursuant to T.C.A. § 55-9-603(h)

The following operator or passenger, ___________________________________________,

Driver License Number: ________________________, has been diagnosed with a physical
disability which prevents appropriate restraint in a safety seat or safety belt.

The condition has been duly certified, in accordance with T.C.A. § 55-9-603(h), by:

____________________________________________
Printed Name of Physician

Nature of the Disability (to be completed by physician):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Reason a Restraint is Inappropriate (to be completed by physician):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

___________________________________                    _______________________
Signature of Physician                                                                           Date

This document should be kept in the vehicle with the operator or passenger.