



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.