

HEALTH CARE DIRECTIVE

I make this HEALTH CARE DIRECTIVE (“Directive”) to exercise my right to determine the course of my health care and to provide clear and convincing proof of my wishes and instructions about my treatment.

If I am persistently unconscious or there is no reasonable expectation of my recovery from a seriously incapacitating or terminal illness or condition, I direct that all of the life-prolonging procedures which I have initialed below be withheld or withdrawn.

I want the following life-prolonging procedures to be withheld or withdrawn:

-artificially supplied nutrition and hydration (including tube feeding of food and water) _____

-surgery or other invasive procedures _____

-heart-lung resuscitation (CPR) _____

-antibiotic _____

-dialysis _____

-mechanical ventilator (respirator) _____

-chemotherapy _____

-radiation therapy _____

-all other “life-prolonging” medical or surgical procedures that are merely intended to keep me alive without reasonable hope of improving my condition or curing my illness or injury _____

However, if my physician believes that any life-prolonging procedure may lead to a significant recovery, I direct my physician to try the treatment for a reasonable period of time. If it does not improve my condition, I direct the treatment be withdrawn even if it shortens my life. I also direct that I be given medical treatment to relieve pain or to provide comfort, even if such treatment might shorten my life, suppress my appetite or my breathing, or be habit-forming.

I revoke any prior living will, declaration, or health care directive executed by me.

This document is intended to be valid in any jurisdiction in which it is presented. The provisions of this document are separable, so that the invalidity of one or more provisions shall not affect any others. A copy of this document shall be as valid as the original.

YOU MUST SIGN THIS DOCUMENT IN THE PRESENCE OF TWO WITNESSES.

IN WITNESS WHEREOF, I have executed this document this _____ day
of _____, _____.

Signature

Print Name: _____

Address: _____

The person who signed this document is of sound mind and voluntarily signed this document in our presence. Each of the undersigned witnesses is at least eighteen years of age.

Signature: _____

Print Name: _____

Address: _____

Signature: _____

Print Name: _____

Address: _____
