

Health Care Directive

- If you ***DO NOT WISH*** to make a health care directive, write your initials in the box to the right, and go to Part III.

_____ Initials

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illness or condition, I direct that all of the life-prolonging procedures that I have initialled below be withheld or withdrawn.

I want the following life-prolonging procedures to be withheld or withdrawn: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

_____ Initials

- **surgery or other invasive procedures**

_____ Initials

- **heart-lung resuscitation (CPR)**

_____ Initials

- **antibiotic**

_____ Initials

- **dialysis**

_____ Initials

- **mechanical ventilator (respirator)**

_____ Initials

- **chemotherapy**

_____ Initials

- **radiation therapy**

_____ Initials

- **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**

_____ Initials

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 If it does not improve my condition, I direct the treatment be withdrawn even if it shortens my life.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.

IF I HAVE NOT DESIGNATED AN AGENT IN THE DURABLE POWER OF ATTORNEY, THIS DOCUMENT IS MEANT TO BE IN FULL FORCE AND EFFECT AS MY HEALTH CARE DIRECTIVE.

**General Provisions included in the Directive
(Continued)**

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

IN WITNESS WHEREOF, I have executed this document this _____ day of _____(month), _____(year).

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 _____
