**DECLARATION**

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

 I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

 If at any time I should have a terminal condition1, an end stage condition2, or I am in a persistent vegetative state3 and my attending physician has determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures4 be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort, care or alleviate pain.

I do ( ) I do not ( ) desire electrical or mechanical resuscitation of my heart when it has stopped beating.

 I do ( ) I do not ( ) desire that nutrition (food) via tube feeding be provided when the application of such procedures would serve only to artificially prolong the dying process.

I do ( ) I do not ( ) desire that hydration (water) via IV be provided when the application of such procedures would serve only to artificially prolong the dying process.

 I do ( ) I do not ( ) desire mechanical respiration when I am no longer able to sustain my own breathing. **However, if I have been diagnosed with covid-19, I desire the use of mechanical respiration until my attending physician believes it would no longer be beneficial to my recovery.**

 I do ( ) I do not ( ) desire to be offered food and fluids by mouth, and kept clean and warm.

 In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences for such refusal.

 I hereby designate **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, to serve as my agent for the purpose of making medical treatment decisions for me. This Power of Attorney shall remain effective in the event that I become incompetent or otherwise unable to make such decisions for myself.

 I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Declarant

 The Declarant is known to me, and I believe him/her to be of sound mind. One of the witnesses is not related to me by marriage or blood.

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WITNESS WITNESS

1Terminal condition means a condition caused by injury, disease, or illness from which there is no reasonable medical probability of recovery in which, without treatment, can be expected to cause death.

2End stage condition means that your health has gotten worse and you are not able to take care of yourself in any way, mentally or physically and that life support treatment will not help you get better.

3Persitive vegetative state means an irreversible condition of unconsciousness in which there is: (a) the absence of voluntary action or cognitive behavior of any kind; and (b) an inability to communicate or interact purposefully with the environment.

4Life prolonging procedures means any medical procedure, devise or medication to keep me alive. Life prolonging procedure includes: medical devises put in me to help me breathe; food and water supplied artificially by medical devise (feeding tube); cardiopulmonary resuscitation (CPR); major surgery; blood transfusion; dialysis and antibiotics.