Allergies: _____

Current medication: _____

_____

Medical problems: _____

_____

MEDICAL DIRECTIVE

(signed document inside)

NO BLOOD

IN CASE OF EMERGENCY,
PLEASE CONTACT:

Name: _____

Telephone: _____

Address: _____

_____

ALTERNATE CONTACT:

Name: _____

Telephone: _____

Address: _____

_____

Open to signed document

ADVANCE MEDICAL DIRECTIVE/RELEASE

I, _____, make this advance directive as a formal statement of my wishes. These instructions reflect my resolute and informed decision.

I direct that ***no allogeneic blood transfusions*** (whole blood, red cells, white cells, platelets, or blood plasma) be given to me under any circumstances, even if physicians deem such necessary to preserve my life or health. I will accept nonblood expanders and pharmaceuticals that control hemorrhage and stimulate the production of red blood cells and other nonblood management.

This legal directive is an exercise of my right to accept or to refuse medical treatment in accord with my deeply held values and convictions. I am one of Jehovah's Witnesses, and I make this directive out of obedience to commands in the Bible, such as: "Keep abstaining . . . from blood." (Acts 15:28, 29) This is, and has been, my unwavering religious stand for_____years. I am_____years old.

I also know that there are various dangers associated with blood transfusions. So I have decided to avoid such dangers and, instead, to accept whatever risks may seem to be involved in my choice of alternative nonblood management.

I release physicians, anesthesiologists, and hospitals and their personnel from liability for any damages that might be caused by my refusal of blood, despite their otherwise competent care.

I authorize the person(s) named on the reverse to see that my instructions set forth in this directive are upheld and to answer any questions about my absolute refusal of blood.

_____
Signature

_____ _____
Address Date

_____ _____
Telephone

_____
Witness

_____
Witness

md-E 6/01 Printed in U.S.A.