

Advance Directive for Health Care

(Oklahoma Statutes title 63, §§ 3101.1 to 3101.16)

1. I, _____ (print or type full name), fill out this document to set forth my treatment instructions and to appoint a health-care proxy in case of my incapacity.
2. I am one of Jehovah's Witnesses, and I direct that **NO TRANSFUSIONS of whole blood, red cells, white cells, platelets, or plasma** be given me under any circumstances, even if health-care providers believe that such are necessary to preserve my life. (Acts 15:28, 29) I refuse to predonate and store my blood for later infusion.
3. **Regarding end-of-life matters:** [initial one of the two choices]
 - (a) _____ I do not want my life to be prolonged if, to a reasonable degree of medical certainty, my situation is hopeless.
 - (b) _____ I want my life to be prolonged as long as possible within the limits of generally accepted medical standards, even if this means that I might be kept alive on machines for years.
4. **Regarding other health-care instructions** (such as current medications, allergies, medical problems, or any other comments about my health-care wishes), I direct that:

5. I give no one (including my proxy) any authority to disregard or override my instructions set forth herein. Family members, relatives, or friends may disagree with me, but any such disagreement does not diminish the strength or substance of my refusal of blood or other instructions.
6. Apart from the matters covered above, I appoint the person named herein as my proxy to make health-care decisions for me. I give my proxy full power and authority to consent to or to refuse treatment (including life-sustaining treatment) on my behalf, to consult with my doctors and receive copies of my medical records, and to take legal action to ensure that my wishes are honored. If my first appointed proxy is unavailable, unable, or unwilling to serve, I appoint an alternate proxy herein to serve with the same power and authority.
7. **Regarding health-care decisions during pregnancy [if applicable]:** I direct that my health-care provider and my health-care proxy fully honor my refusal of blood transfusions even if I am pregnant. In the event of my incapacity, my health-care proxy has the authority to make health-care decisions for me even while I am pregnant.

8. **Regarding artificially administered nutrition and hydration:** I specifically authorize my health-care proxy to make decisions on my behalf about the providing, withholding, or withdrawing of artificially administered nutrition and hydration.

[initial here, if you agree]: _____

9. I understand the full importance of this document and I am emotionally and mentally competent to make this Advance Directive for Health Care.

(Signature*)

(Date)

(Address)

STATEMENT OF WITNESSES: This advance directive was signed in my presence. The declarant (the person who signed above) appears to be of sound mind and free from duress, fraud, or undue influence. I am 18 years of age or older. **I am not (1) the health-care proxy or the alternate proxy appointed in this document, (2) related to the declarant, or (3) entitled to inherit any portion of the declarant's estate upon his or her death.**

(Signature of witness)

(Signature of witness)

(Address)

(Address)

HEALTH-CARE PROXY*

Name: _____

Address: _____

Telephone(s): _____

ALTERNATE HEALTH-CARE PROXY*

Name: _____

Address: _____

Telephone(s): _____

*** Note:** Before signing this document, fill out the entire document (including the names, addresses, and telephone numbers of your health-care proxies). You should sign this document in the presence of two witnesses. You may appoint any adult to be your proxy. However, it is recommended that you not appoint your physician, any of your physician's employees, or any employee of a hospital or nursing home where you might be a patient unless the person you appoint is related to you by blood, marriage, or adoption.

Advance Directive for Health Care
(signed document inside)

NO BLOOD

