Medical Power of Attorney

(West Virginia Code §§ 16-30-1 to 16-30-25)

1. I, _____ (print or type full name), fill out this document to set forth my treatment instructions and to appoint a health-care representative 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 representative) 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 representative to make health-care decisions for me. I give my representative full power and authority to consent to or to refuse treatment (including artificial nutrition and hydration) 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 representative is unavailable, unable, or unwilling to serve, I appoint a successor representative herein to serve with the same power and authority.

_____ _____

(Signature*) (Date)

_____

(Address)

THIS DOCUMENT MUST BE WITNESSED BY TWO PERSONS AND NOTARIZED.

STATEMENT OF WITNESSES: I did not sign the principal's signature above. I am at least 18 years of age and am not related to the principal by blood or marriage. I am not entitled to any portion of the

estate of the principal or to the best of my knowledge under any will of the principal or codicil thereto, or legally responsible for the costs of the principal's medical or other care. **I am <u>not</u> the principal's attending physician, <u>nor</u> am I the health-care representative or successor representative of the principal.**

_____ (Signature of witness)

_____ (Address)

_____ (Signature of witness)

_____ (Address)

AND

STATE OF WEST VIRGINIA

COUNTY OF _____

I, _____, a Notary Public of said County, do certify that _____, as principal, and _____ and _____, as witnesses, whose names are signed to the writing above bearing date on the _____ day of _____, 20_____, have this day acknowledged the same before me. Given under my hand this _____ day of _____, 20_____.

My commission expires: _____

_____ (Notary Public)

HEALTH-CARE REPRESENTATIVE*

Name: _____

Address: _____

_____

Telephone(s): _____

_____

SUCCESSOR HEALTH-CARE REPRESENTATIVE*

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 representatives). This document must be signed in the presence of two witnesses and acknowledged before a notary public. You may appoint any adult to be your health-care representative <u>except</u> (1) your treating health-care provider, (2) a nonrelative employee of your treating health-care provider, (3) an operator of a health-care facility serving you, or (4) a nonrelative employee of an operator of a health-care facility serving you. A "nonrelative" is a person not related to you by blood, marriage, or adoption.

Medical Power of Attorney

(signed document inside)

NO BLOOD