

PHYSICIANS' CERTIFICATION OF
INCAPACITY TO MAKE AN INFORMED DECISION

I. Certification of the Attending Physician

I, _____, M.D., as the Attending Physician, have examined _____ (Resident) on _____ (Date) at _____ (Time). Based on that examination, I find that _____ (Resident) is incapable of making an informed decision about the provision, withholding, or withdrawing of the following medical treatment: _____.

Because of the Resident's condition, which includes: _____,

the Resident is unable to understand the nature, extent, or probable consequences of the proposed treatment or course of treatment, and () is unable to make a rational evaluation of the burdens, risks, and benefits of the treatment, or course of treatment or () is unable to communicate a decision. (Check One) This attestation has () has not () been made within two (2) hours of examining this Resident.*

Date: _____

Signature of Attending Physician

Time of Signature

II. Certification of a Second Physician

I, _____, M.D., have examined _____ (Resident) on _____ (Date) at _____ (Time). Based on that examination, I find that _____ (Resident) is incapable of making an informed decision about the provision, withholding, or withdrawing of the following medical treatment: _____.

Because of the Resident's condition, which includes: _____,

the Resident is unable to understand the nature, extent, or probable consequences of the proposed treatment or course of treatment, and () is unable to make a rational evaluation of the burdens, risks, and benefits of the treatment, or course of treatment or () is unable to communicate a decision. (Check One) This attestation has () has not () been made within two (2) hours of examining this Resident.

Date: _____

Signature of Physician

Time of Signature

* One of these certifications must be made within this two (2) hour time frame.