

PHYSICIANS' CERTIFICATION OF MEDICAL CONDITION

Physicians should complete *either* **Option I** *or* **Option II** of this form. **Option I** is for certification of a patient's current medical condition, which findings may support a decision by an agent or surrogate to make decisions about the withholding or withdrawal of life-sustaining treatment. **Option II** is for certification of a patient's future condition if he or she were to experience a cardiopulmonary arrest, which may support a decision by an agent or surrogate to authorize a DNR order.

OPTION I. Certification Based on Patient's PRESENT Condition

A. Certification of Attending Physician* or a Neurologist, Neurosurgeon, or other Physician with Special Expertise in the Evaluation of Cognitive Functioning**

I, _____ M.D., have examined _____
(Patient) on _____ (Date) at _____ (Time). I am () the
Patient's Attending Physician () a Neurologist, Neurosurgeon, or other Physician with Special
Expertise in the Evaluation of Cognitive Functioning. Based on this examination, I hereby certify
that the Patient's condition, which is described as follows: _____
_____ demonstrates
that the Patient is now in a(n):

- () end-stage condition,
- () persistent vegetative state, or
- () terminal condition

Date: _____

Signature of Physician

Name of Physician

B. Certification of Second Physician

I, _____ M.D., have examined _____
(Patient) on _____ (Date) at _____ (Time). Based on this examination, I hereby
certify that the Patient's condition, which is described as follows: _____
_____ demonstrates
that the Patient is now in a(n):

- () end-stage condition,
- () persistent vegetative state, or
- () terminal condition

Date: _____

Signature of Physician

Name of Physician

* Attending Physician Certification is required for certification of terminal or end-stage condition.

** Certification by a Neurologist, Neurosurgeon, or other Physician with Special Expertise in the Evaluation of Cognitive Functioning is required for certification of a persistent vegetative state.

OPTION II. Certification Based on Patient's POST-ARREST Condition

A. Certification of Attending Physician

I, _____ M.D., have examined _____
(Patient) on _____ (Date) at _____ (Time). I am the
Patient's Attending Physician. Based on this examination and taking into account the probable
cause, nature, and effect of a cardiopulmonary arrest, I hereby certify that, if the Patient
experiences a cardiopulmonary arrest, at that time the Patient will be in a terminal or end-stage
condition.

Date: _____

Signature of Physician

Name of Physician

B. Certification of Second Physician

I, _____ M.D., have examined _____
(Patient) on _____ (Date) at _____ (Time). Based on this examination and taking
into account the probable cause, nature, and effect of a cardiopulmonary arrest, I hereby certify
that, if the Patient experiences a cardiopulmonary arrest, at that time the Patient will be in a
terminal or end-stage condition.

Date: _____

Signature of Physician

Name of Physician