

Advance Directive for Health Care

(Georgia Code Annotated §§ 31-32-1 to 31-32-14)

1. I, _____ (print or type full name), fill out this document to set forth my treatment instructions and to appoint a health-care agent 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 agent) 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 agent to make health-care decisions for me. I give my agent 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 agent is unavailable, unable, or unwilling to serve, I appoint an alternate agent 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 agent fully honor my refusal of blood transfusions even if I am pregnant. In the event of my incapacity, my health-care agent has the authority to make health-care decisions for me even while I am pregnant.

8. By signing below, I state that I am emotionally and mentally capable of making this Advance Directive for Health Care and that I understand its purpose and effect.

(Signature*)

(Date)

(Address)

STATEMENT OF WITNESSES: The declarant (the person who signed above) signed this form in my presence or acknowledged signing this form to me. Based upon my personal observation, the declarant appeared to be emotionally and mentally capable of making this Advance Directive for Health Care and signed this form willingly and voluntarily. I am 18 years of age or older and of sound mind. **I am not the health-care agent or alternate agent appointed in this document.** To my knowledge, I will not inherit anything from the declarant or otherwise gain a financial benefit from the declarant's death. I am not directly involved in the declarant's health care. At least one of us is not an employee, agent, or medical staff member of the hospital, skilled nursing facility, hospice, or other health-care facility in which the declarant is receiving health care.

(Signature of witness)

(Signature of witness)

(Address)

(Address)

HEALTH-CARE AGENT*

Name: _____

Address: _____

Telephone(s): _____

*** Note:** Before signing this document, fill out this entire document (including the names, addresses, and telephone numbers of your health-care agents). You should sign this document in the presence of two witnesses. You may appoint any adult to be your agent except for a physician or health-care provider who is directly involved in your health care. Moreover, if you get married after executing this document, you should prepare a new Advance Directive for Health Care.

ALTERNATE HEALTH-CARE AGENT*

Name: _____

Address: _____

Telephone(s): _____

Advance Directive for Health Care
(signed document inside)

NO BLOOD

