

**SURROGATE DECISION MAKER  
PHYSICIAN CERTIFICATE**

After personally examining the above noted patient, I have determined to a reasonable degree of medical certainty that the patient lacks decisional capacity to consent to treatment. The cause, nature and duration of the lack of decisional capacity are summarized as follows:

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In conformance with the Health Care Power of Attorney Act, the patient has an operative Health Care Power of Attorney on his/her record and has been informed of the above and has not objected to the above determinations.

**OR**

In conformance with the Illinois Health Care Surrogate Act, the patient has been informed of the foregoing determination and of the identity of the surrogate decision maker who will be making life-sustaining treatment

Agent/Surrogate/Decision Maker: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Attending Physician: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**HEALTH CARE SURROGATE ACT - DECISIONS TO FORGO LIFE-SUSTAINING TREATMENT**

It has been determined that this patient has one or more of the following conditions as defined in the Act:

- Terminal condition
- Permanent unconsciousness
- Incurable or irreversible condition

The cause and nature of the condition(s) is summarized as follows:

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I discussed the decision to forgo life-sustaining treatment based on the foregoing determination with the surrogate decision maker.

**Attending Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

After personal examination, I concur in the determination that the above noted patient has a qualifying condition and lacks decisional capacity.

**Concurring Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

I am at least 18 years of age and I have witnessed the discussion between the attending physician and the surrogate decision maker and the decision expressed by the surrogate as to forgoing life-sustaining treatment on behalf of the above-noted patient.

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

