

**Medical Affidavit/Certification Regarding Capacity**

I, \_\_\_\_\_, being first duly sworn, depose and say as follows:

1. I am competent to testify to the matters set forth herein, and testify based on my personal knowledge, education, information and belief.
2. I am a licensed physician employed by the \_\_\_\_\_.  
My specialty is \_\_\_\_\_.
3. I received my medical degree from \_\_\_\_\_ in the year \_\_\_\_\_ and completed my residency in \_\_\_\_\_ at \_\_\_\_\_ in the year \_\_\_\_\_.
4. \_\_\_\_\_ is a \_\_\_\_\_ year-old (*circle one*) male/female whom I examined on \_\_\_\_\_ for the purpose of \_\_\_\_\_.
5. \_\_\_\_\_'s present condition is/diagnoses are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
6. It is my clinical opinion that because of his/her mental condition as evidenced above, \_\_\_\_\_ is unable to receive and evaluate information effectively, or his/her ability to communicate decisions is impaired to such an extent that he/she lacks the capacity to take actions to: (*please check appropriate boxes*)
  - obtain, administer and dispose of real and personal property, intangible property, benefits and income; AND/OR
  - provide health care, food, shelter, clothing, personal hygiene and other care without which serious physical injury or illness is more likely than not to occur; AND/OR
  - acquire and maintain those life skills that enable him/her to cope more effectively with the demands of his/her life; AND/OR
  - grant, refuse or withdraw consent to any medical treatment.
7. It is my clinical opinion that \_\_\_\_\_ is unable to make decisions and provide consent in the above checked areas, and is unable to provide informed consent regarding medical treatment.

\_\_\_\_\_  
Licensed Physician's Signature

\_\_\_\_\_  
Street Address, City, State and Zip Code

\_\_\_\_\_  
Physician's Name (*printed*)

\_\_\_\_\_  
Phone Number/Pager Number

Sworn and subscribed before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: