

Tus Neeg Sawv Cev Ntawm Kev Kho Mob Rau

(Power of Attorney for Health care for)

Npe (Name): _____

Hnoob Yug (Date of Birth): _____

Chaw nyob (Address): _____

Xov Tooj (Telephone): _____

Daim ntawv no muaj teev tseg nyob rau ntawm _____
(This document is on file at)

Twb tau muab cov qauv ntawm daim ntawv no rau tus (cov) neeg sawv cev rau kuv ntawm kev kho mob lawm thiab:
(Copies of this document have been given to my healthcare agents and:)

1. _____
2. _____
3. _____
4. _____
5. _____

Pub dawb los ntawm:



Ua tsaug rau Gundersen Medical Foundation

1 ntawm nplooj 21
(Nplooj 17-21 tsis leg los tsis ua li cas)

Yuav Teb Daim Ntawv Tus Neeg Sawv Cev Ntawm Kev Kho Mob No Li Cas

Ua Kev Saib Ib Muag

Daim ntawv txog Tus Neeg Sawv Cev Ntawm Kev Kho Mob yog ib daim ntawv siv tawm rawsli txoj kevcai uas tsim muaj nyob rau hauv lub Xeev Wisconsin. Tejzaum nws yuav zoo tsis txaus li qhov yuav tsum tau muaj nyob rau hauv lwm lub xeev thiab.

Daim ntawv txog ntawm Tus Neeg Sawv Cev Ntawm Kev Kho Mob no cia koj ua tus xaiv kom tau ib tug neeg los muab kev txiav txim txog ntawm koj txoj kev kho mob rau koj thaum uas koj txiav txim tsis tau rau koj tus kheej lawm. Tus neeg koj xaiv yog tus neeg sawv cev koj. Daim ntawv no tso cai rau tus neeg sawv cev koj ntawm kev kho mob rau koj los muab kev txiav txim txog kev kho mob thiab los sawv cev rau koj thaum uas koj tus (cov) kws kho mob tau txiav txim tias koj txiav txim tsis tau txog tej kev kho mob rau ntawm koj tus kheej lawm xwb. Daim ntawv no nws tsis yog tso cai rau tus neeg sawv cev rau koj ntawm kev kho mob los txiav txim txog koj tej nyiaj xiaj lossis lwm cov kev txiav txim ntawm kev lag luam. Tsis dua li ntawd xwb, nws tsis yog tso cai rau tus neeg sawv cev rau koj ntawm kev kho mob los txiav txim rau qee yam txog txoj kev kho nyuaj siab ntxhov plawv ntawm koj.

Ua ntej yuav teb thiab leg daim ntawv Tus Neeg Sawv Cev Ntawm Kev Kho Mob no, siv lub sijhawm los nyeem kom zoo zoo. Nws yog ib qho uas tseem ceeb uas koj yuav tau nrog tus neeg sawv cev ntawm kev kho mob sib tham txog qhov uas koj xam pom, qhov uas muaj nuj nqis thiab tham txog daim ntawv no. Yog hais tias koj tsis muab kev koomtes nrog rau tus neeg uas los sawv cev rau koj ntawm kev kho mob no, koj tej kev xav thiab kev ntshaw tejzaum yuav tsis muaj kev yuav paub tseeb vim tsis muaj kev totaub.

Cov Kauj Ruam uas Yuav Leg Daim Ntawv No Kom Tiav

1. Thov siv **mem kua dub** los sau rau daim ntawv no kom cov cav computer thiaj li nyeem tau thiab muab tso rau hauv tej ntaub ntawv kho mob.
2. Nyeem kom zoo zoo thiab ua rawsli cov lus qhia uas muaj nyob rau txhua txhua ntu.
3. Teb cov lus qhia nyob rau ntawm nplooj 1.
4. Ntu I---Xaiv Ib Tug Neeg Los Sawv Cev Ntawm Kev Kho Mob--Sau kom tiav thiab txhij. Xaiv thiab sau tej mojkabsim txog tug neeg ntawm tus uas koj tau xaiv uas yuav los sawv cev rau koj ntawm txoj kev kho mob.
5. Ntu II---Kev Muaj Cai ntawm Tus Neeg Sawv Cev Ntawm Kev Kho Mob--Teb los ntawm qhov qhia txog koj tej kev xaiv.
6. Ntu III---Ua Kom Daim Ntawv Siv Tau Rawsli Kevcai
 - Kos npe thiab sau hnuvntim rau hauv daim ntawv nyob rau ntawm nplooj 12 nrog ib tug neeg uas los pov thawj nyob rau ntawd thiab;
 - Kom cov neeg uas yuav ua tim khawv thiab ua pov thawj kos npe lawv tej npe tim ntsej tim muag rau hauv daim ntawv.
7. Ntu IV---Nqe Lus Hais Txog Tej Kev Ntshaw--Teb los ntawm qhov qhia txog cov lus qhia uas tshwjkeeb lossis tej kev ntshaw.

Tom Qab Uas Teb Daim Ntawv No Tas

Tom qab koj teb daim ntawv no tas, qhov zoo yog koj yuav tau:

1. Khaws daim qauv tseem tseg cia rau hauv ib qho chaw khaws zoo zoo cia kom koj thiaj li muab tau yooj yim;
2. Luam ib co ua qauv es muab rau cov nram qab no:
 - muab cov neeg uas koj tau xaiv los sawv cev rau ntawm kev kho mob kom ib leeg nyias tau nyias ib daim qauv khaws tseg cia;
 - muab ib daim qauv tso nrog koj cov ntaub ntawv kho mob tom koj tus kws kho mob lub chav ua num;
 - khaws ib daim ua qauv tseg cia rau koj tau muab rau lub tsev kho mob uas koj yuav tau mus pw lossis thaum mus kho mob uas muaj xwm ceev;
 - khaws ib co ua qauv tseg cia tsam koj ho xav muab faib rau (cov neeg koj hlub tshua, koj tus xibhwb, thiab koj tus kws lij choj).

Thaum muab luam ua ib daim duab lossis ua ib daim qauv lossis muab xa hauv xovtooj los yog muab tso rau hauv koj cov ntaub ntawv kho mob tej no nws suav tau hais tias yeej raws kev raws cai ib yam nkaus li daim ntawv sau uas tseem ntawd.

Daim Ntawv Tus Neeg Sawv Cev Ntawm Kev Kho Mob

Lus Ceeb Toom rau Tus Neeg uas Leg Daim Ntawv No:

Koj muaj txoj cai txiav txim txog ntawm koj txoj kev kho mob. Yuav tsis muab kev kho mob rau koj yog thaum uas koj tsis pom zoo lawm, thiab yuav tsis cheem cov kev kho mob uas tsimnyog yog thaum uas koj tsis pom zoo.

Vim hais tias koj cov neeg muab kev pab kho mob hauv qee lub sij hawm tsis muaj sij hawm txaus los cog kev sib raug zoo nrog koj mus ntev, feem ntau lawv yuav tsis paub txog koj cov kev ntseeg thiab cov kev saib muaj nqis thiab koj txoj kev sib raug zoo nrog tsev neeg txaus. Qhov no yuav ua ib qho teebmeem yog hais tias thaum koj cia li txiav txim tsis tau lawm lossis lub hlwb khiav tsis zoo uas tsis paub txiav txim siab txog ntawm koj txoj kev kho mob lawm.

Yuav kom zam tau qhov teeb meem no, tej zaum koj yuav kos npe tau rau hauv daim ntawv raws cai no los xaiv ib tug neeg uas koj xav kom los txiav txim rau txoj kev kho mob rau koj yog tias koj tsis muaj peev xwm los txiav txim cov ntawd rau koj tus kheej lawm. Tus neeg ntawd yog hu tias yog tus neeg sawv cev rau koj ntawm kev kho mob. Koj yuav tau siv sij hawm los tham txog koj tej kev xav thiab tej kev ntseeg txog ntawm kev kho mob nrog rau tus neeg lossis cov neeg uas koj tau xaiv ntawd. Koj sau qhia tau rau hauv daim ntawv no txog yam kev kho mob uas koj xav tau lossis tsis xav tau, thiab koj muaj kev yuav txwv tau tus neeg uas los sawv cev rau koj ntawd kom txo tau nws lub hwjchim ntawm kev txiav txim rau ntawm kev kho mob thiab. Yog hais tias koj tus neeg uas los sawv cev rau koj ntawm kev kho mob nws tsis paub txog koj tej kev ntshaw kev xaiv txog ntawm tej yam kev kho mob ntawd, nws yuav tau txiav txim rau seem uas yog qhov uas zoo tshaj rau koj xwb.

Qhov no yog ib daim ntawv tseem ceeb rawsli kevcai. Nws muab txoj cai dav rau koj tus neeg uas sawv cev los txiav txim txog txoj kev kho mob rau koj. Nws yuav tshem tawm Tus Neeg Sawv Cev rau Kev Kho Mob uas koj tau xaiv dhau los lawm. Yog hais tias koj xav hloov Tus Neeg Sawv Cev rau Koj Ntawm Kev Kho Mob, koj muaj feem muab daim ntawv no ua kom puas tsuaj mus los tau, hais kom lwm tus neeg muab ua kom puas tsuaj rau koj saib, lossis kos npe rau ib daim ntawv thiab sau hnuv tim uas kos npe ntawd rau hauv daim ntawv lossis hais tawm tias muab daim ntawv ua puas tsuaj lawm kom muaj ob tug neeg ua pov thawj nrog pom nrog saib nrog hnov. Yog hais tias koj muab daim ntawv ntawd tshem tawm lawm, koj yuav tsum tau qhia rau tus neeg sawv cev rau koj ntawm paub, qhia rau koj cov chaw muab kev kho mob thiab lwm tus neeg uas koj tau muab ib daim qauv no rau kom lawv paub. Yog hais tias tus neeg sawv cev ntawd yog koj tus pojniam lossis yog tus txiv thiab neb txoj kev txijnkawm tau puas lawm lossis neb sib nrauj lawm tom qab uas kos npe rau daim ntawv no tas lawm, daim ntawv no nws yuav muab siv tsis tau lawm.

Koj tseem siv tau daim ntawv no los ua kev txiav txim seb koj puas kam muab koj lub cev pub rau lwm leej lwm tus thaum uas koj tas sim neej lawm. Yog hais tias koj siv daim ntawv no los ua kev txiav txim seb koj kam muab lossis tsis kam muab koj lub cev pub rau lwm leej lwm tus, daim ntawv no yuav txwv txiav tshem tau cov ntawv uas koj twb sau tseg cia ua ntej lawm. Koj txwv tshem tau tawm seb koj kam lossis tsis kam pub koj lub cev lossis xav hloov qhov uas kam muab thiab tsis kam muab koj lub cev pub ntawd koj tsuas khij lossis tua kab ntawv uas kam thiab tsis kam hauv daim ntawv xwb ces tau lawm.

Tsis txhob kos npe rau daim ntawv no yog tias koj yeej tsis nkag siab zoo li.

Qhov zoo tshaj ces koj yuav tau khaws daim ntawv ua qauv uas tseem no nrog koj tus kws kho mob.

Khaws nplooj ntawv no nrog rau koj daim ntawv uas xaiv Tus Neeg Sawv Cev rau Ntawm Kev Kho Mob uas koj tau sau tseg cia lawm.

Ntu I - Xaiv ib tug neeg los txiav txim txog kev kho mob rau kuv thaum kuv txiav txim tsis tau txog cov kev kho mob rau kuv tus kheej lawm

(Part I – Appointing a person to make my health care decisions when I cannot make my own health care decisions)

Yog hais tias kuv txiav txim tsis tau rau kuv tus kheej txog ntawm kuv txoj kev kho mob lawm, daim ntawv no muaj tus neeg uas kuv xaiv ntawd nws lub npe nyob rau hauv no los ua tus txiav txim rau kuv. Tus neeg no yog tus neeg uas los sawv cev rau ntawm kuv txoj kev kho mob. Tus neeg no yuav txiav txim txog txoj kev kho mob rau kuv yog thaum uas pom tau hais tias kuv txiav txim tsis tau ntawm txoj kev kho mob rau kuv tus kheej lawm rawsli txoj cai nyob hauv xeev Wisconsin. Kuv totaub tias nws yog ib qho tseem ceeb uas kuv thiab tus neeg uas los sawv cev rau kuv ntawm kev kho mob yuav tau sib tham tsis tseg tsis tu txog kuv txoj kev noj qab haus huv thiab tej kev kev kho mob.

(If I am no longer able to make my own health care decisions, this document names the person I choose to make these choices for me. This person will be my health care agent. This person will make my health care decisions when I am determined to be incapable to make health care decisions as provided under Wisconsin law. I understand that it is important for my health care agent and me to have ongoing discussions about my health and health care choices.)

Cov Lus Qhia Uas yuav leg kom tiav Ntu I no (Instructions for Completing Part I):

Thaum uas yuav xaiv ib tug neeg los ua tus neeg uas los sawv cev rau ntawm kev kho mob no, yuav tau xaiv tus neeg uas paub koj zoo, tus neeg uas koj ntseeg siab, tus uas hwm thiab saib taus koj thiab kev koj nyiam uas muaj nuj nqis, thiab tus uas yuav txiav txim tau rau tej kev txiav txim uas nyuaj nyuaj rau thaum lub sij hawm muaj kev nyuaj siab ntxhov plawv. Xaiv ib tug uas yuav ua tau rawsli qhov uas koj xav tau thiab tus uas yuav tsom kwm uas tuaj koj tog. Siv sij hawm los tham txog daim ntawv no thiab tham txog koj tej kev xav nrog rau tus neeg uas koj tau xaiv los ua koj tus neeg uas los sawv cev rau ntawm koj txoj kev kho mob.

(When selecting someone to be your health care agent, choose someone who knows you well, who you trust, who is willing to respect your views and values, and who is able to make difficult decisions in stressful circumstances. Choose someone who will closely follow what you want and will be a good advocate for you. Take time to discuss this document and your views with the person you choose to be your health care agent.)

Tus neeg uas los sawv cev rau koj ntawm kev kho mob yuav tsum muaj hnoob nyoog 18 xyoo rov sau thiab yuav tsum tsis txhob yog ib tug neeg uas muab kev kho mob rau koj lossis yog ib tug uas ua hauj lwm rau (lossis yog tus txiv lossis tus pojniam uas ua ua hauj lwm) ntawm qhov chaw lossis lub tuam tsev uas koj mus kuaj mob lawv yuav tsum yog cov txheeb ze koj thiaj li xwb. Tseem tshuav chaw rau koj sau npe ntxiv yog hais tias koj xav xaiv ib tug lossis ob tug neeg uas yuav los sawv cev rau koj ntxiv thiab.

(Your health care agent should be at least 18 years old and must not be one of your health care providers or an employee (or the spouse of an employee) of your health care provider or facility unless they are a close relative. Space has been provided for a second and third alternate health care agent.)

Tus neeg uas kuv xaiv los ua tus neeg sawv cev rau kuv ntawm kev kho mob yog:
(*The person I choose as my health care agent is:*)

Npe (Name): _____

Tus xovtooj xav kom hu (Preferred phone): _____

Lwm tus xovtooj (Alternate phone): _____

Chaw nyob (Address): _____

Nroog (City): _____ Xeev (State): _____ Zauv Zip Code (Zip): _____

Yog hais tias tus neeg sawv cev rau kuv ntawm kev kho mob no nws txiav txim tsis tau lossis tsis kam muab kev txiav txim rau kuv, **ces tus neeg uas yuav los sawv cev rau kuv ntxiv yog:**
(*If this health care agent is unable or unwilling to make these choices for me, then my next choice for a health care agent is:*)

Tus neeg kuv xaiv thib ob yog (Second choice):

Npe (Name): _____

Tus xovtooj xav kom hu (Preferred phone): _____

Lwm tus xovtooj (Alternate phone): _____

Chaw nyob (Address): _____

Nroog (City): _____ Xeev (State): _____ Zauv Zip Code (Zip): _____

Yog hais tias tus neeg sawv cev rau kuv ntawm kev kho mob no nws txiav txim tsis tau lossis tsis kam muab kev txiav txim rau kuv, **ces tus neeg uas yuav los sawv cev rau kuv ntxiv yog:**
(*If this health care agent is unable or unwilling to make these choices for me, then my next choice for a health care agent is:*)

Tus neeg kuv xaiv tau thib peb no yog (Third Choice):

Npe (Name): _____

Tus xovtooj xav kom hu (Preferred phone): _____

Lwm tus xovtooj (Alternate phone): _____

Chaw nyob (Address): _____

Nroog (City): _____ Xeev (State): _____ Zauv Zip Code (Zip): _____

Ntu II - Txoj Cai Dav ntawm Tus Neeg Sawv Cev Rau Ntawm Kev Kho Mob *(Part II – General Authority of the Health Care Agent)*

Tsis suav yam uas kuv tsis tau hais txog rau hauv daim ntawv no, kuv xav kom kuv tus neeg uas los sawv cev rau kuv ntawm kev kho mob ua kom tau li nram qab no:

- Los txiav txim rau kuv txog ntawm kuv txoj kev kho lossis tej kev pabcuam kho mob, pivtxwv li, tej kev sojntsuam, tshuaj noj, thiab kev phais, kom rawsli kuv cov lus uas kuv tau hais tseg lossis rawsli tej uas kuv ntshaw thiab/lossis rawsli kuv txoj kev ntseeg hais txog kev txiav txim ntawm kev kho mob zoo li thaum uas kuv tseem taus taus los txiav txim rau tej no;
- Los txhais cov lus uas kuv tau teev tseg hauv daim ntawv no lossis tej lus uas kuv tau muab hais tawm rau sab nrauv rawsli kuv tus neeg uas los sawv cev rau kuv ntawm kev kho mob rawsli nws txoj kev nkag siab txog kuv tej kev ntshaw thiab tej uas muaj nqis rau kuv;
- Los txiav txim rau kuv raws li qhov kuv tus neeg sawv cev rau kev kho mob ntseeg tias yuav zoo tshaj rau kuv yog tias kuv tsis tau hais dab tsi txog txoj kev kho mob uas tau tham txog ntawd thiab thaum sib txuas lus tsis tau nrog kuv;
- Los saib los xyuas thiab qhia kuv tej ntaub ntawv kho mob tawm rawsli qhov uas tsimnyog txog ntawm txoj kev kho rau kuv tus kheej;
- Muab kuv xa tawm mus rau lwm lub xeev yog tias xa mus rau qhov uas tsimnyog; thiab
- Los xyuas kom paub meej seb tus kws khomob twg thiab lub koomhaum twg yog lub muab kev kho mob rau kuv.

Yog hais tias cov Neeg uas Los Sawv Cev rau Kuv Ntawm Kev Kho Mob uas muaj npe hauv daim ntawv no tom qab uas hais lossis hu rau lawv ntau lwm tsis muaj ib tug khoom li ces kuv xav kom:

- kuv cov chaw kho mob ntawd,
- seb puas muaj lwm tus uas muaj npe puag tom qab lawm, thiab/lossis
- muaj cov txheeb ze kuv

Uas yuav los nres ua kom tau rawsli tej txheej txheem lus thiab tej ntsiab lus uas tau hais tseg rau hauv daim ntawv ntawm Tus Neeg uas Los Sawv Cev rau Kuv Ntawm Kev Kho Mob lossis hais txog lwm Daim Ntawv uas teev tseg txog thaum Ib Pas Nqus Tsis Nto (*Advance Directives*) uas tejzaum kuv ho tau kos npe rau lawm, qhov uas rawsli txoj kevcai.

Keu Txwv Ntawm Kev Kho Txoj Kev Nyuaj Siab Ntxhov Plawv *(Limitations on Mental Health Treatment)*

Tus neeg uas los sawv cev rau kuv ntawm kev kho mob uas kuv tau xaiv lawm nws yuav tsum tsis txhob yuam los yog muab kuv coj mus nyob rau tim tsev khomob puas hlwb, nyob rau qhov chaw kho mob rau cov neeg vwm, lub xeev tej tsev kho mob lossis ib lub chaw kho mob. Tus neeg uas los sawv cev rau kuv ntawm kev kho mob nws yuav tsum tsis txhob tso cai muab kuv nkag rau tej kev tshawb fawb txog kev nyuab siab ntxhov plawv lossis kev phais rau kev nyuab siab ntxhov plawv (psychosurgery), kev kho mob uas siv fais faib tshov lub pab hlwb kom qaug dab peg (electroconvulsive) lossis tej yam kev kho mob loj txog ntawm kev nyuaj siab ntxhov plawv rau kuv.

Kev qhia leg Ntu II kom tiav:

(Instructions for Completing Part II:)

Sau thawj thawj ob tug cim ntawv ntawm koj lub npe thiab lub xeem rau nram rau qhov chaw nram qab no:
(Initial applicable boxes in the following six sections:)

Vim muaj Wisconsin tej kevcai txwv, yog hais tias koj tsis sau thawj thawj ob tug cim ntawv ntawm koj lub npe thiab lub xeem rau hauv lub voj ntawm ib seem ntawv twg, koj tus neeg uas los sawv cev rau koj ntawm kev kho mob tejzaum nws yuav tsis muaj cai los txiav txim txog qhov kev kho mob uas tau tham tseg cia ntawm nqe 1 txog nqe 7. Tejzaum tsim nyog yuav tau mus tim tsev hais plaub kom mus muab kom tau kev txiav txim txog ntawm kev kho rau koj.

(Due to limits in Wisconsin law, if you do not initial any box in a section, your health care agent may not have the authority to make the decision about the treatment discussed in sections 1 through 7. It may be necessary to go to court to obtain a decision about your treatment.)

1. Kev uas yuav xa mus nyob Tim Tsev Laus lossis cov Tuam Tsev Rau Cov Neeg Laus uas Tsis Taus lawm (Community-Based Residential Facilities):

(Admission to Nursing Homes or Community-Based Residential Facilities:)

Lus Ceebtoom: Tus neeg uas los sawv cev rau kuv ntawm kev kho mob tejzaum yuav muab kuv coj mus nyob rau tim tsev laus lossis nyob tom cov tuam tsev rau cov neeg laus uas tsis taus lawm. Mus nyob ib nyuag ntu kom taus lossis mus rau kom lawv tu es tsev neeg ntawd thiab ib nyuag tau tes me ntsis.

(Note: My health care agent may admit me to a nursing home or community-based residential facility for short-term stays for recuperative or respite care.)

Tus neeg uas sawv cev rau kuv ntawd nws muaj cai muab kuv xa mus nyob tom tsev laus lossis cov tuam tsev rau cov neeg uas tsis taus lawm es kev tu yog yuav nyob ntev heev.

(Agent authority to admit me to a nursing home or community-based residential facility for the purpose of long-term care.)

(Sau thawj thawj ob tug cim ntawv ntawm lub npe thiab lub xeem rau lub voj voom ntawd.) Yog muaj lus xav faj tseg muab ntxiv rau ntawm nqe 7 los tau.

((Initial one box.) Additional Guidance may be added at no. 7.)

Yeem kawg, tus neeg uas los sawv cev rau kuv ntawm kev kho mob nws muaj cai, yog qhov uas tsim nyog, yuav muab kuv xa mus nyob tim tsev laus lossis tej tuam tsev rau cov neeg laus uas tsis taus lawm qhov no yog xa mus nyob kom ntev heev thiab rawsli tej kev txwv txiav uas kuv tau hais tseg cia nyob rau hauv daim ntawv no.

(Yes, my health care agent has authority, if necessary, to admit me to a nursing home or community-based residential facility for a long-term stay subject to any limits I have set forth in this document.)

Lossis (or)

Tsis yeem, tus neeg uas los sawv cev rau kuv ntawm kev kho mob nws tsis muaj cai yuav muab kuv xa mus nyob tim tsev laus lossis tej tuam tsev rau cov neeg laus uas tsis taus lawm uas yog coj mus nyob kom ntev loo. Yog tias kuv khij “tsis yeem”, yuav coj tsis tau kuv mus nyob tim tsev laus lossis lub tuam tsev hauv zej zog rau cov neeg tsis taus nyob rau kev tu saib xyuas mus kom ntev yog tias tsis tau kev yuam cai los ntawm tsev hais plaub los.

(No, my health care agent does not have authority to admit me to a nursing home or a community-based residential facility for a long-term stay. If I check “no,” I cannot be admitted to a nursing home or community-based residential facility for purposes of a long-term stay without court involvement.)

2. Txwv lossis tshem txoj yas pub mis tawm:
(Withholding or withdrawal of feeding tube:)

(Sau thawj thawj ob tug cim ntawv ntawm lub npe thiab lub xeem rau lub voj voom ntawd.) Yog muaj lus xav faj tseg muab ntxiv rau ntawm nqe 7 los tau.
(Initial one box.) Additional Guidance may be added at no. 7.)

Tau, tus neeg sawv cev ntawm kev kho mob rau kuv muaj cai hais kom tshem txoj yas pub mis tawm, kawg hais tias kuv tus kws kho mob pom zoo tias, yog muab txoj yas tshem tawm nws yuav mob kuv lossis yij huab ua rau kuv mob tuaj.
(Yes, my health care agent has authority to have a feeding tube withheld or withdrawn from me, unless my attending physician advises that, in his or her professional judgment, the withholding or withdrawing will cause me pain or reduced comfort.)

lossis (or)

Tsis kam, tus neeg sawv cev ntawm kev kho mob rau kuv tsis muaj cai txwv lossis rho txoj yas pub tawm. Kuv paub zoo hais tias yog kuv khij qhov tias tsis kam, tejzaum tsev hais plaub yuav tau nqe tes txog txoj kev txiav txim ntawm qhov uas txwv lossis rho txoj yas pub mis tawm ntawm no.
(No, my health care agent does not have authority to have a feeding tube withheld or withdrawn from me. I am aware that if I check no, court involvement may be required for decisions to withhold or withdraw a feeding tube.)

Rawsli txoj kevcai hauv Wisconsin, tus neeg sawv cev ntawm kev kho mob rau kuv yuav tsis muaj cai txwv txiav lossis rho txoj yas pub mis pub zaub pub mov lossis pub dej kawg hais tias txoj kev pub noj hauv no yeej yuav tsum yog rawsli txoj kev kho xwb.
(Under Wisconsin law, my health care agent may not consent to the withholding or withdrawal of orally ingested nutrition or hydration unless the provision of such nutrition or hydration is medically contraindicated.)

3. Cov Kev Txiaiv Txim Thaum Cev Xeeb Tub:
(Decisions During Pregnancy:)

(Sau thawj thawj ob tug cim ntawv ntawm lub npe thiab lub xeem rau lub voj voom ntawd.) Yog muaj lus xav faj tseg muab ntxiv rau ntawm nqe 7 los tau.
(Initial one box.) Additional Guidance may be added at no. 7.)

Tau, tus neeg sawv cev ntawm kev kho mob rau kuv muaj cai los txiav txim rau kuv yog hais tias thaum kuv cev xeeb tub tsuav tsis ua dhau cov kev txwv uas kuv tau hais tseg rau hauv daim ntawv no.
(Yes, my health care agent has authority to make decisions for me if I am pregnant subject to any limits I have later set forth in this document.)

Tsis tau, tus neeg sawv cev ntawm kev kho mob rau kuv nws tsis muaj cai los txiav txim rau kuv thaum uas kuv cev xeeb tub. Kuv paub zoo tias yog kuv khij qhov hais tias tsis kam, tejzaum tsev hais plaub yuav tau koom tes quab ntawm txoj kev txiav txim txog kev kho mob thaum lub sij hawm uas kuv cev xeeb tub.
(No, my health care agent does not have authority to make decisions for me if I am pregnant. I am aware that if I check no, court involvement may be required for health care decision making during my pregnancy.)

Tsis Siv.
(Not Applicable.)

4. Cov Kev Xav Tau Hais Txog Kev Sim Cawm Txoj Sia:
(Preferences Regarding Attempts at Life Prolonging Treatments:)

(Sau thawj thawj ob tug cim ntawv ntawm lub npe thiab lub xeem rau ntawm lub voj voom.) Yog muaj lus xav faj tseg muab ntxiv rau ntawm nqe 7 los tau.

((Initial the box if it applies.) Additional Guidance may be added at no. 7.)

Kuv twb xav zoo zoo lawm txog qhov txiaj ntsim kho zoo thiab kev tab kaum tsis zoo ntawm qhov kev kho mob no lawm hais txog thaum uas yuav muaj mob txom nyem ntev loo, thaum muaj ib tug mob uas kho tsis tau lawm, lossis yog thaum sojntsuam xyuas pom tias tsis muaj ib txoj kev yuav kho tau lawm, lossis yog thaum uas yeej paub tau zoo lawm hais tias kuv yeej yuav tsis zoo taus li lawm vim tim kuv tus mob lawm tiag:

(I have considered the benefits and burdens of continued treatment in the event of prolonged suffering, terminal illness, or irreversible diagnoses, or in the event that it is reasonably certain that I will not recover from my condition:)

Kuv xav **kom tsum lossis tshem txhua yam** kev kho tej uas yuav tuav tau kuv txoj sia kom ib nyuag ntev me ntsis xwb. Qhov no nws kuj yog suav txog, tiamsis nws yuav tsis yog suav txhua txhua yam, hais txog ntawm lub cav pab kev ua pa/rau pa, kev ntxiv ntshav thiab siv tshuaj yans xeem, siv tshuaj noj thiab lwm yam kev tiv thaiv uas kuv twb tau txais los pab kho kuv tus kab mob lawm, lossis lwm yam tshuaj noj kawg ntshe hais tias yog muab tej no txwv lossis muab tshem tawm es yuav ua rau kuv tus mob no tsis txawj ntaug li lossis yij huab tsis xis neej tuaj.

*(I want **to stop or withhold all treatments** that might be used to prolong my dying. This includes, but is not limited to, respirator/ventilator (breathing machine), administration of blood products and antibiotics, medications and interventions that I have received for chronic medical conditions, or other medications unless the withholding or withdrawal of these treatments would cause me pain or discomfort.)*

lossis (or)

Kuv **xav tau tag nrho cov** kev kho mob uas tsim nyog uas kuv tus kws kho mob xam pom, kom txog txij thaum uas kuv tus kws kho mob thiab tus neeg sawv cev ntawd pom zoo hais tias tej kev kho mob no nws yuav yog ib qho tsis zoo lossis yuav pab tsis tau ntxiv lawm.

*(I **do want** all appropriate treatments recommended by my doctor, until my doctor and agent agree that such treatments are harmful or no longer beneficial.)*

Txawm tias kuv xaiv qhov twg los xij, kuv nkaq siab hais tias kuv yuav tau txais tej tshuaj loog thiab tshuaj pab kom nyob taus ntawm no ntxiv, thiab txais khoom noj haus thiab dej los rau kuv noj kuv haus yog kuv tseem nqos taus uas tsis muaj teebmeem dabtsi.

(With either choice, I understand I will continue to receive pain and comfort medicines, as well as food and fluids by mouth if I am able to swallow safely.)

5. Kev Pab Cawm Kom Lub Plawv Rov Dhia Tuaj Thaum uas Plawv Nres (CPR):
(Cardiopulmonary Resuscitation (CPR):)

CPR yog ib txoj kev uas siv los cawv kom lub plawv rov dhia thiab ua taus pa thaum uas nws tau nres lawm. Tejzaum yuav nias lub hauv siab (sib zog nias lub hauv siab kom lub plawv dhia), muab tshuaj, siv fais fab tshov, thiab ntsaws yas pab kev ua pa. Kuv nkag siab tias CPR yuav cawm tau kuv txoj sia. Kuv kuj nkag siab hais tias tejzaum nws kuj tsis ua haujlwm zoo rau cov tibneeg uas muaj mob los lawm ntev thiab/lossis cov uas kho tsis tau lawm. kuv nkag siab hais tias yog kuv tsis xav kom cawm thiab xav cia kom kuv mus ntsiag to rawsli txoj hmoo, yuav tsum tau qhia rau kuv tus kws kho mob paub ua ntej txog txoj kev xaiv no. Tsis dua li ntawd xwb:

(CPR is a treatment used to attempt to restore heart rhythm and breathing when they have stopped. It may include chest compressions (forceful pushing on the chest to make the heart contract), medicines, electrical shocks, and a breathing tube. I understand that CPR may save my life. I also understand that it does not work as well for people who have chronic (long-term) diseases and/or impaired functioning. I understand that if I do not want CPR attempted and prefer to allow a natural death, my physician should be made aware of this choice. Therefore:)

*(Sau thawj thawj ob tug cim ntawv ntawm lub npe thiab lub xeem rau lub voj voom ntawd.) Yog muaj lus xav faj tseg muab ntxiv rau ntawm nqe 7 los tau.
(Initial one box.) Additional Guidance may be added at no. 7.)*

Kuv xav kom nias hauv siab Cawm Kom Lub Plawv Rov Dhia Thaum uas Plawv Nres (CPR) **ntshe kuv** tus kws kho mob ho pom tej qho nram qab no:
*(I want Cardiopulmonary Resuscitation (CPR) attempted **unless** my physician determines one of the following:)*

- Kuv muaj ib tug mob uas kho tsis tau li lawm lossis raug mob loj thiab kuv tos tuag lawm xwb; LOSSIS
(have an incurable illness or injury and am dying; OR)
- Yog kuv lub plawv nres txawm cawm los yuav cawm tsis tau kuv ciaj rov los; LOSSIS
(I have no reasonable chance of survival if my heart stops; OR)
- Txawm cawm los kuv yuav tsis muaj sia nyob ntev yog tias thaum kuv lub plawv nres thiab txoj kev pab cawm kom lub plawv rov dhia yuav tsim teebmeem rau kuv txoj kev mob no xwb ces.
(I have little chance of long term survival if my heart stops and the process of resuscitation would cause significant suffering.)

Lossis (or)

Kuv tsis xav kom ua CPR yog thaum kuv lub plawv nres, tiamsis xav kom tso kuv mus rawsli txoj hmoo.
(I do not want CPR attempted if my heart stops, but rather want to allow a natural death to occur.)

Txawm xaiv txoj twg los xij, kuv yuav tsum tau muab lub kauj toog npab hais tias **TSIS TXHOB CAWM (DO NOT RESUSCITATE)** los rau kuv coj ntawm caj dab teg uas yog muab los ntawm kuv tus kws kho mob los yog hais tias kuv yeej muaj ib tug mob uas kho tsis tau li lawm thiab tsis xav kom cov neeg muab kev pab thaum muaj xwm txheej ceev ntawd kom lawv thiaj li paub tias txhob cawm.
(With either choice, I will need to obtain a DNR Bracelet from my physician if I have a terminal illness and do not want emergency personnel to perform CPR.)

6. Cov Twj Hlau Nruab Rau Hauv Lub Plawv (yog tias muaj)
(Implantable Cardiac Devices (if applicable))

Cov twj hlau nruab rau hauv lub plawv, xwsli pacemakers lossis defibrillators, mas ua hauj lwm tau zoo rau ntawm qhov pab kom lub plawv rov qab dhia dua thiab kho mem plawv dhia kom xwm yeem thiaj li dhau txoj kev uas tuag taus. Tej twj hlau no muab tua thaum twg los yeej tau, lossis yuav muab tshem tawm tau thiab. Nws yog ib qho tseem ceeb uas koj yuav tau nrog koj tus kws kho mob tham, nrog tus kws kho plawv tham thiab/lossis tus electrophysiologist tham txog koj txoj kev txiav txim uas yuav siv lub twj hlau pab koj lub plawv kom dhia xws koj txoj kev noj qab haus huv. Koj lub neej nruab tej twj hlau no, muaj qhov zoo thiab muaj kev tab kaum thiab hais txog ntawm cov twj hlau no tej no koj thiaj yog tus uas txiav txim tias zoo npaum li cas thiab pab koj npaum li cas xwb.

(Implantable cardiac devices, like pacemakers or defibrillators, are effective in bypassing life-threatening electrical abnormalities of the heart and treating potentially fatal abnormal heart rhythms. Devices can always be turned off, or even removed. It is important to talk with your primary physician, cardiologist and/or electrophysiologist about your decision to continue the use of a cardiac device in relationship to your overall health. As you continue to live with these devices, the benefits and burdens of the devices are best determined by you as patient).

(Sau thawj thawj ob tug cim ntawv ntawm lub npe thiab lub xeem rau ntawm lub voj voom qhov uas koj yuav xaiv yog hais tias yuav tsum tau xaiv xwb xwb li.) **Yog tias siv.** Yog muaj lus xav faj tseg muab ntxiv rau ntawm nqe 7 los tau.

*((Initial the appropriate box(es)) **only if applicable.** Additional guidance may be added at No. 7.)*

Kuv xav kom muab kuv lub twj hlau nruab ntawd (Implantable Cardioverter Defibrillator) muab nws tua lossis ua kom tsis txhob ua hauj lwm lawm yog tias:

(I want my Implantable cardioverter-defibrillator (ICD) turned off or deactivated if:)

- Kuv yog ib tug uas hais tias kom Tsis Txhob Cawm; lossis
(I am a Do-Not-Resuscitate; or)
- Kuv muaj ib tug mob uas kho tsis tau li lawm lossis raug mob loj thiab kuv tos tuag lawm xwb; lossis
(I have an incurable illness or injury and am dying; or)
- Kuv nyob tom tsev laus (Hospice) tos tuag lawm xwb lossis nyob tom tsev tos tuag lawm thiab xwb.
(I am admitted to Hospice (e.g., inpatient or home).)

Kuv xav kom muab kuv lub twj hlau Pacemaker tua lossis muab tua kom tsis txhob ua hauj lwm lawm yog tias:

(I want my Pacemaker turned off or deactivated if:)

- Kuv yog ib tug uas hais tias kom Tsis Txhob Cawm; lossis
(I am a Do-Not-Resuscitate; or)
- Kuv muaj ib tug mob uas kho tsis tau li lawm lossis raug mob loj thiab kuv tos tuag lawm xwb; lossis
(I have an incurable illness or injury and am dying; or)
- Kuv nyob tom tsev laus (Hospice) tos tuag lawm xwb lossis nyob tom tsev tos tuag lawm thiab xwb.
(I am admitted to Hospice (e.g., inpatient or home).)

ntshe kawg hais tias kuv tus kws kho mob ntseeg tau hais tias kev uas muab tua no nws yuav tsis tsim teebmeem lossis ua ib lub nra rau kuv nris ntxiv lawm.
(unless my physician believes deactivation would cause further burden or suffering.)

Tsis Siv.
(Not Applicable.)

7. Tau sau kuv cov kev taw qhia ntxiv txog cov kev xaiv hauv Ntu 1 txog 6 rau hauv qab no. Cov lus sau rau hauv qab no yuav tsum tau siv los txhais thiab tshab txhais kom meej txog kuv cov kev xaiv hauv ntu 1 txog 6.
(My additional guidance to the choices in Sections 1 through 6 is written below. The comments below should be used to interpret and clarify my choices in sections 1 through 6.)

Ntu III - Leg Daim Ntawv Kom Rawsli Wisconsin txoj kevcai

(Part III – Making the Document Legal Under Wisconsin Law)

Cov Lus Qhia Kom Leg Ntu Ntawv No Kom Tiav:

(Instructions for Completing this Part:)

Yuav tsum tau kos npe thiab sau lub hnubtim rau daim ntawv no uas yuav tsum muaj ob tug neeg los ua pov thawj uas ua rawsli tej kev muaj feem tau hais qhia tseg nyob rau nplooj 15.

(This document must be signed and dated in the presence of two witnesses who meet the qualifications explained on page 15.)

Kuv yeej mee pem, kuv pom zoo txog txhua yam uas tau sau tseg rau hauv daim ntawv no lawm, thiab kuv tau leg daim ntawv no los ntawm qhov uas kuv txaus siab nrho. Yog tias yuav tsum tau kho kuv nyob rau hauv ib lub xeev twg uas tsis lees paub txog daim ntawv Tus Neeg Sawv Cev Ntawm Kev Kho Mob no, kuv xav kom nrog lees nrog pom tias tus neeg sawv cev ntawm kev kho mob rau kuv no yog tus uas kuv xaiv los muab kev txiav txim thiab nthuav tej lus qhia uas muaj teev tseg rau hauv daim ntawv no rawsli kuv txoj cai uas muaj feem xaiv thaib txiav txim txog kuv txoj kev kho mob.

(I am of sound mind, I agree with everything that is written in this document, and I have made this document voluntarily. If I require treatment in a state that does not recognize this Power of Attorney for Health Care, I want my health care agent to be recognized as my chosen surrogate decision-maker and the instructions within this document to be followed based on my legal right to direct my own health care.)

Tus Neeg Uas Leg Daim Ntawv no thiab ob tug neeg uas ua pov thawj ntawd yuav tsum kos npe rau daim ntawv rawsli li lub sijhawm caij nyoog.

(The Principal and both witnesses must all sign the document at the same time.)

Kuv kos npe *(My signature)*

Hnubtim *(Date)*

Sau npe *(Print name)*

Yog hais tias kuv kos tsis tau kuv lub npe, kuv thov kom ib tug neeg laus los kos npe tiam kuv tug rau hauv daim ntawv no, thiab kes npe tim ntsej tim muag.

(If I cannot sign my name, I can ask an adult to sign this document for me, and in my presence.)

Tus neeg laus uas kuv thov kom los kos npe rau daim ntawv no, thiab kos tim ntsej tim muag ntawd.

(Signature of the adult who I asked to sign this document for me, and in my presence.)

Sau tus neeg laus nws uas kuv thov kom los kos npe rau hauv daim ntawv no, thiab sau tim ntsej tim muag kom kuv nrog pom.

(Print the name of the adult who I asked to sign this document for me, and in my presence.)

Thawj Tug Neeg Ua Pov Thawj:

(Witness Number 1:)

Kos npe *(Signature)*

Hnubtim *(Date)*

Sau npe *(Print name)*

Chaw Nyob *(Address)*

Tus Lwm Pov Thawj:

(Witness Number 2:)

Kos npe *(Signature)*

Hnubtim *(Date)*

Sau npe *(Print name)*

Chaw Nyob *(Address)*

Nqe Lus Ntawm Cov Neeg Uas Ua Pov Thawj

(Statement of Witnesses)

Tus neeg uas leg daim ntawv no los tim ntsej tim muag ntawd kuv los leg daim ntawv no kom tiav thiab yeej pom tau tias tus neeg no lossis rawsli uas sawvdaws pom nws yeej yog ib tug neeg ntawd tiag. Kuv ntseeg tau lawm hais tias nws yeej yog ib tug neeg mee pem thiab nto 18 xyoo lawm. Kuv tau pom nws kos nws lub npe rau hauv daim ntawv no, thiab kuv ntseeg tias nws yeej yeem sau npe yam zoo siab nrho.

(The principal personally came before me to execute this document and is known to me to be such person or presented to me that s/he is such person. I believe him or her to be of sound mind and at least 18 years of age. I personally witnessed him or her sign this document, and I believe that he or she did so voluntarily.)

Kev kos npe rau daim ntawv no rawsli kev ua tim khawv, kuv lees hais tias kuv:

(By signing this document as a witness, I certify that I am:)

- nto 18 xyoo lawm.
(at least 18 years of age.)
- tsis yog ib tug neeg uas twb sawv cev ntawm kev kho mob rau tus neeg uas kos nws lub npe rau hauv daim ntawv no.
(not a health care agent appointed by the person signing this document.)
- tsis txheeb tus neeg uas leg daim ntawv no tsis yog roj yog ntshav, ua txij nkawm nrog tus neeg no lossis ua niam qhuav txiv qhuav.
(not related to the person making this document by blood, marriage or adoption.)
- tsis muaj feem leg txog nws tej nyiaj txiag thiab kev kho mob.
(not directly financially responsible for that person's health care.)
- lub sijhawm no kuv tsis yog ib tug neeg muab kev pab kev tu mob nkeeg rau tus tibneeg no.
(not a health care provider directly serving the person at this time.)
- tsis yog ib tug neeg ua dejnum rau tus neeg no (tsis dua li ntawm cov neeg muab kev pabcuam lossis tus txiv plig) los ntawm tej chaw muab kev kho mob pab rau tus neeg lub sij hawm ntawm no.
(not an employee (other than a social worker or chaplain) of a health care provider directly serving the person at this time.)
- tsis paub tias kuv muaj cai los sis muaj ib qho kev aws tus neeg li teej tug.
(not aware that I am entitled to or have a claim against the person's estate.)

Nqe Lus Ntawm Tus Neeg Sawv Cev thiab Lwm Tus Neeg Sawv Cev **(Statement of Agent and Alternate Agent)**

(Xav kom cov neeg sawv cev kos npe, tiamsis tsis tas kos los tau)
(Signatures of agents are recommended, but not required)

Kuv totaub tias _____ (tus neeg uas leg daim ntawv no) tau xaiv kuv los ua nws tus sawv cev rau ntawm kev kho mob lossis lwm tus neeg sawv cev rau ntawm kev kho mob yog hais tias thaum tus neeg no nws yeej tsis taus lawm thiab yeej txiav txim tsis tau rau txoj kev kho mob rau nws tus kheej lawm. _____ (tus neeg uas leg daim ntawv lub npe) nws twb tau nrog kuv tham txog nws txoj kev ntshaw thiab kev txiav txim ntawm kho mob lawm.

(I understand that _____ (name of principal) has designated me to be his or her health care agent or alternate health care agent if he or she is ever found to be incapacitated and incapable of making his or her own healthcare decisions. _____ (name of principal) has discussed his or her desires regarding health care decisions with me.)

Tus Neeg Sawv Cev Ntawm Kev Kho Mob Kos Npe _____
(Signature of Agent)

Sau Tus Neeg Sawv Cev Ntawm Kev Kho Mob Lub Npe _____
(Print name of Agent)

Thawj Tug Neeg Sawv Cev Ntawm Kev Kho Mob Kos Npe _____
(Signature of First Alternate Agent)

Sau Tus Thawj Tug Neeg Sawv Cev Ntawm Kev Kho Mob Lub Npe _____
(Print name of First Alternate Agent)

Tus Lwm Thawj Neeg Sawv Cev Ntawm Kev Kho Mob Kos Npe _____
(Signature of Second Alternate Agent)

Sau Tus Lwm Thawj Neeg Sawv Cev Ntawm Kev Kho Mob Lub Npe _____
(Print name of Second Alternate Agent)

Muab Kuv Lub Nrog Cev Pub Dawb lossis Muab Ua Kev Pub Dawb Kom Kho thiab Pab Tau Lwm Leej Lwm Tus: *(Sau thawj thawj ob tug cim ntawv ntawm lub npe thiab lub xeem rau lub voj voom ntawd.)*

(Donation of My Organs or Tissue for Transplantation: (Initial one box.))

Kuv tso cai muab kuv tej nruab nrog cev pub dawb kom lawv tau coj mus siv pab thia kho lwm leej lwm tus.

(I authorize donation of my organs and tissue for transplantation.)

Kuv tsuas tso cai pub kuv lub nrog cev li hais nram no xwb thiab lwm yam nqaij taw los mus pab kho lwm leej lwm tus:

(I authorize donation of only the following organs and tissue (name the specific organs or tissue) for transplantation:)

Kuv tsis tso cai muab kuv tej nrog cev lossis tej nqaij taw coj mus pub rau lwm leej lwm tus.

(I do not authorize donation of any organ or tissue for transplantation.)

Yog hais tias koj txaus siab xav muab tej nruab nrog cev lossis tej nqaij tawv coj mus pub dawb thov rau npe rau ntawm no: <http://yesiwillwisconsin.com>

(If you are interested in organ or tissue donation please register at: <http://yesiwillwisconsin.com>)

Muab Kuv Lub Nrog Cev lossis tej Nqaij Tawv Pub Dawb rau Tej Chaw Kho Mob Kom Muaj Kev Tshawb Fawb Tom Ntej No Ntxiv Mus: *(Sau thawj thawj ob tug cim niam ntawv ntawm lub npe thiab lub xeem rau lub voj voom ntawd)*

(Donation of My Organs or Tissue for Medical Research: (Initial one box))

Yog hais tias koj xav kom muab koj lub cev pub dawb rau tej chaw khomob kom muaj kev tshawb fawb tom qab uas koj tag ib sim neej lawm, yuav tsum tau npaj thiab hais ua ntej.

(If you wish to donate your body for medical research after death, arrangements must be made in advance.)

Thov hu rau ntawm Medical College of Wisconsin: <http://www.mcw.edu/AnatomicalGiftRegistry.htm>

lossis ntawm University of Wisconsin-Madison: <http://www.bdp.wisc.edu>

(Please contact the Medical College of Wisconsin at: <http://www.mcw.edu/AnatomicalGiftRegistry.htm>

or University of Wisconsin-Madison at: <http://www.bdp.wisc.edu>)

Rawsli kuv tej kev uas tau xaiv saud, kuv tso cai muab kuv tej nruab nrog cev thiab tej nqaij taw pub dawb kom pab tau lwm leej lwm tus thiab tej seem ntawm kuv lub cev, cov nqaij hauv tej nruab nrog cev thiab tej nqaij taw pub rau tej chaw khomob uas kev tshawb fawb ntxiv mus.

(In accordance with my selection above, I authorize donation of my organs and tissue for transplantation and the remainder of my body, organs and tissue for medical research.)

Kuv tso cai muab tagrho kuv lub cev, tej nqaij hauv lub nruab nrog cev thiab tej nqaij taw rau kev tshawb fawb ntawm kev kho mob.

(I authorize donation of my entire body, organs and tissue for medical research.)

Kuv tsis kam tso cai muab kuv lub cev, tej nruab nrog hauv lub cev lossis nqaij taw pub rau tej chaw khomob ua kev tshawb fawb li.

(I do not authorize donation of any part of my body, organs or tissue for medical research.)

Kev Soj Ntsuam Lub Cev Thaum Tuag Lawm: *(Sau thawj thawj ob tug cim ntawv ntawm lub npe thiab lub xeem rau ib lub voj voom twg uas koj xam pom ntawd.)*

(Autopsy: *(Initial any boxes that apply.)*)

Kuv tsis xav li cas li txog ntawm kev sojntsuam thaum uas kuv tuag lawm yog hais tias nws yuav pab tau kuv tej txheeb ze kom lawv paub txog tias txoj kev uas kuv tuag no yog tim dabtsi tiag lossis thiaj li ua tau ib qho dhau los mus kom lawv thiaj paub txhawj txog lub lub nrog cev kev noj qab haus huv.

(I do not object to an autopsy if it can help my blood relatives understand the cause of my death or assist them with their future health care decisions.)

Kuv tsis xav li cas li txog ntawm kev sojntsuam thaum uas kuv tuag lawm yog hais tias nws yuav pab tau kom tsim tau thiab nrhiav tau tshuaj tshiab los kho mob lossis ua ib txoj kev kawm txog ntawm kev kho mob.

(I do not object to an autopsy if it can help the advancement of medicine or medical education.)

Kuv tsis xav kom muaj kev sojntsuam dabtsi thaum uas kuv tuag lawm.

(I do not want an autopsy performed on me.)

Kauj Ruam Tom Ntej No:

(Next Steps:)

Koj twb leg daim ntawv Tus Neeg Sawv Cev Ntawm Kev Kho Mob no tiav lawm, thov xav txog tej nram qab no thiab:

(Now that you have completed this Power of Attorney for Healthcare, please also consider the following:)

- **Muab ib daim ua qauv rau tus neeg uas sawv cev ntawm kev kho mob rau koj thiab;**
(Give your health care agent a copy of this document;)
- **Muab ib daim ua qauv rau koj tus kws kho mob thiab kom lawv thiaj li paub hais tias koj ntshaw thiab xav tau li cas tiag;**
(Give a copy of this document to your doctor and make sure your wishes are understood;)
- **Yog hais tias koj mus rau tim tsev kho mob lossis tim tsev laus, nqa ib daim ua qauv nrog koj thiab muab rau lawv saib yog thaum lawv nug txog; thiab**
(If you go to a hospital or nursing home, bring a copy of this document and present it when requested; and)
- **Hais qhia koj tsev neeg thiab cov phooj ywg zoo kom lawv paub txog daim ntawv no.**
(Let family and close friends know about this document.)

Ntu IV- Nqe Lus Ntawm Qhov Ntshaw Yog Hais Tias Cuaj Kaum los Kawg Rau Ntawm Kev Ploj Tuag Xwb

(Part IV – Statement of Desires If My Condition is Likely to Result in Death)

Txoj kev ntseeg:

(Religion:)

Yog hais tias nws ze ze rau qhov uas kuv yuav tuag lawm, (sau thawj thawj tug cim ntawv ntawm koj lub npe thiab lub xeem rau tej voj voom uas koj hais tias tsim nyog khij rau)

(If I am nearing my death, (initial all that apply))

Kuv xav kom qhia rau kuv tus xibhwb/txiv plig txog kuv tus mob.

(I want my pastor / spiritual leader notified of my medical condition.)

Kuv xav kom muaj ib tug neeg ntawm qhov chaw pehawm los sawv cev nrog kuv thaum uas ze kuv lub sijhawm yuav tuag lawm.

(I want a representative of my place of worship with me as I prepare for my death.)

Kuv yog ib tug ntseeg ntawm _____, thiab kuv yog ib tug tswvcuab hauv

_____ pawg ntseeg lossis pawg pehawm no.

(I am of the _____ faith, and am a member of the _____ congregation or worship group.)

Xov tooj ntawm pawg ntseeg lossis pawg neeg pehawm no (yog hais tias paub): _____

(Phone number of congregation or worship group (if known):)

Tej nram qab no yog tej yam uas koj yuav tsum tau xav thiab hais txog. Yog hais tias koj tsis xav kom muaj tej lus no nyob rau hauv koj cov ntaub ntawv kho mob, koj muab sau cia rau lwm qhov los tau. (The following are matters that you may wish to address. If you are not comfortable with this information being in your medical record, you can record it elsewhere.)

Yog thaum ze ze rau qhov uas kuv yuav tuag lawm, kuv xav kom ua li tej nram qab uas kuv tau sau no: (Sau tej yam uas yuav muaj nuj nqis rau koj thaum uas txog lub sijhawm ze ze uas koj yuav tuag no lawm.)

(If I am nearing my death, I want the following: (List things that would make dying more meaningful for you.))

Yog thaum ze ze rau qhov uas kuv yuav tuag lawm thiab kuv hais tsis tau lus lawm, kuv xav kom kuv cov phooj ywg thiab tsev neeg paub:

(If I am nearing my death and cannot speak, I want my friends and family to know:)

Nplooj 17 txog nplooj 21 yog npaj tej lus mojkabsim rau tus neeg uas sawv cev ntawm kev kho mob rau kuv txog kuv tej kev ntshaw thiab kev xav tau nrog rau tej lus uas twb tau hais rau hauv kuv daim ntawv Tus Neeg Sawv Cev Ntawm Kev Kho Mob lawm. Tej ntsiab lus nyob hauv tej nplooj ntawv no tsis yog npaj los hloov kuv daim ntawv ntawm Tus Neeg Sawv Cev rau Kuv Ntawm Kev Kho Mob. Yog hais tias cov txheej lus uas kuv tau sau ntawm rau nplooj 16 thiab 20 muaj kev cov nyom nrog rau kuv daim ntawv ntawm Tus Neeg Sawv Cev Ntawm Kev Kho Mob, kuv xav kom muab kuv tej kev xav tau thiab tej kev ntshaw hauv kuv daim ntawv Tus Neeg Sawv Cev Ntawm Kev Kho Mob no los ua kev tswj txog txoj kev txiav txim.

(Pages 17 through 21 are intended to provide my health care agent with information about my wishes and desires in addition to those expressed in my Power of Attorney for Health Care. These pages are not intended to replace my Power of Attorney for Health Care. If any of the guidance I have written on pages 16 and 20 conflicts directly with my Power of Attorney for Health Care, I want my wishes and desires expressed in my Power of Attorney for Health Care to control the decision to be made.)

Kos npe *(Signature)*

Hnubtim *(Date)*

Sau npe *(Print name)* _____