

MEDICAL ALERT

I direct that no blood transfusions be administered to me, even though others deem such necessary to preserve my life or health. I will accept non-blood expanders. This is in accord with my rights as a patient and my beliefs as one of Jehovah's Witnesses. I hereby release the doctors and hospital of any liability for damages attributed to my refusal. This document is valid even if I am unconscious, and it is binding upon my heirs or legal representatives.


SIGNATURE

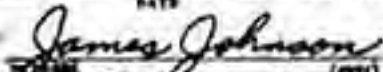

PRINT NAME

Jan. 1, 1985

DATE


WITNESS

[Wife]


[Minister]