

**PHYSICIAN'S CERTIFICATE OF COMPETENCE**

I, \_\_\_\_\_, M.D., hereby certify as follows:

1. That I am a physician duly licensed to practice medicine in the State of Maryland, having specialized in the field of \_\_\_\_\_ for \_\_\_\_\_ years.
  
2. That on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I examined \_\_\_\_\_.
  
3. I am of the opinion that \_\_\_\_\_ is able to understand the nature, extent, or probable consequences of any proposed medical treatment, is able to make a rational evaluation of the burdens, risks, and benefits of any proposed medical treatment, and is able to communicate a decision regarding any proposed medical treatment.
  
4. I am also of the opinion that \_\_\_\_\_ is capable of comprehending the meaning of legal documents such as a Power of Attorney, Last Will and Testament, Living Will and Deed, and has the capacity to consent to the execution of these legal documents on his/her behalf.

I do hereby further certify under the penalties of perjury, that all of the statements set forth in the foregoing Certificate are true and correct to the best of my knowledge, information and belief.

Date: \_\_\_\_\_

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

\_\_\_\_\_  
(Physician's printed name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number