



# Tsab Ntawv Tso Lus Los Ntawm Kws Lij Choj Rau Kev Kho Mob

Mayo Clinic Health System – Wisconsin

Power of Attorney for Healthcare (Hmong)  
Mayo Clinic Health System – Wisconsin



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(complete fields or place patient label here)

Patient Name (First Middle Last)	
Birth Date (mm-dd-yyyy)	Room Number (if applicable)
Mayo Clinic Number	

## Cov Ntsiab Lus Qhia Dav Dav thiab Cov Lus Qhia

Tsab Ntawv Tso Lus Los Ntawm Kws Lij Choj Rau Kev Kho Mob yog ib tsab ntawv uas yeej pub koj muab ib los sis ntau tshaj ib tus neeg coj los ua tus (cov) neeg uas yuav los mus txiav txim rau txoj kev kho koj yog thaum twg koj txiav txim tsis tau rau koj tus kheej lawm. Tus neeg uas koj tsa yog tus neeg hu ua koj tus neeg sawv cev rau kev kho mob. Koj tus neeg sawv cev rau kev kho mob tsuas txiav txim tau rau koj rau thaum koj txiav txim tsis tau rau koj tus kheej lawm xwb. Tsab ntawv yeej tsis pub koj tus neeg sawv cev rau kev kho mob los mus:

- Txiav txim rau koj tej nyiaj txiag los sis lwm yam dej num.
- Txiav txim rau tej cov kev txiav txim hais txog kev kho kev noj qab nyob zoo ntawm koj txoj kev xav nyob hauv Wisconsin.

Qhov tseem ceeb yog koj yuav tau nrog koj tus neeg sawv cev rau kev kho mob sib tham hais txog tsab ntawv ntawm no, hais txog koj cov kev xav, thiab hais txog txhua yam uas muaj nuj nqis rau koj, kom nws thiaj li yuav paub hwm thiab nkag siab txog koj cov kev xav thiab txhua yam uas muaj nuj nqis rau koj.

## Cov Lus Tseem Ceeb Uas Tsim Nyog Paub

1. Yog koj tus neeg sawv cev yeej yog koj tus txij nkawm los sis tus neeg nrog koj ua neej, thiab yog tom qab kos npe rau tsab ntawv ntawm no tag lawm, neb ho tsis sib yuav lawm, neb ho sib nrauj lawm los sis neb ho tsis koom tes ua neej ua ke lawm, koj yuav siv tsis tau tsab ntawv lawm. Thov nug mus rau koj tus kws kho mob yog koj xav tau kev pab los mus ua ib tsab ntawv tshiab.
2. Yog koj xav muab koj lub cev coj mus siv rau txoj kev tshawb fawb tom qab koj tag sim neej, nug mus rau lub tsev kawm ntawv uas neeg mus kawm ua kws kho mob nyob ze koj nyob hauv koj lub xeev tam sim no thiab mus hais rau lawv paub. Txoj kev ua ntaub ntawv rau koj los mus muab koj lub cev coj mus siv rau txoj kev tshawb fawb yuav siv sij hawm. Ntawm no yog ib cov chaw uas koj yuav nug tau mus rau:
  - Mayo Clinic: 507-284-2693
  - University of Wisconsin–Madison Medical School: 608-262-2888

## Overview and Instructions

The Power of Attorney for Healthcare allows you to name one or more persons to make your healthcare decisions if you are unable to make them for yourself. The person you appoint is called your healthcare agent. Your healthcare agent may make your decisions only when you are unable to do so. It does not allow your healthcare agent to:

- Make your financial or other business decisions.
- Make certain decisions about your mental health treatment in Wisconsin.

It is important that you discuss this document, your views, and your values, with your healthcare agent, so your views and values will be fully respected and understood.

## Important Information to Know

1. If your agent is your spouse or domestic partner, and if after signing this document your marriage is annulled, you are divorced or the domestic partnership is terminated, the document is invalid. Please contact your medical provider if needing assistance to create a new document.
2. If you wish to donate your body to medical science after death, contact the closest medical school in your state now and make arrangements through them. Finalizing arrangements for you to donate your body will take time.

Here are some places to contact:

- Mayo Clinic: 507-284-2693
- University of Wisconsin–Madison Medical School: 608-262-2888



# Tsab Ntawv Tso Lus Los Ntawm Kws Lij Choj Rau Kev Kho Mob (txuas ntxiv)

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- Medical College of Wisconsin: 414-955-8261
  - University of Minnesota Medical School – Anatomy Bequest Program: 612-625-1111
- Yog koj muab koj lub cev koj mus siv rau kev tshawb fawb, koj **yuav ua tsis tau** ib tus neeg uas yuav muab cov khoom nyob hauv lub cev, tej leeg nqaij, los sis qhov muag koj mus siv kho lwm tus neeg.

- Medical College of Wisconsin: 414-955-8261
  - University of Minnesota Medical School – Anatomy Bequest Program: 612-625-1111
- If you donate your body for scientific research, you **cannot** be an organ, tissue, or eye donor.

## Yuav Ua Li Cas Es Thiaj Li Yuav Ua Tau Tsab Ntawv Ntawm No Tiav

Tsab Ntawv Tso Lus Los Ntawm Kws Lij Choj Rau Kev Kho Mob yog ib tsab ntawm uas muab cais ua plaub ntus:

- Ntu 1: Kev Tsa Ib Tus Neeg Sawv Cev Rau Kev Kho Mob
- Ntu 2: Cov Lus Qhia Dav Dav Txoj Cov Cai Uas Tus Neeg Sawv Cev Rau Kev Kho Mob Muaj
- Ntu 3: Nqis Lus Qhia Txog Tej Yam Uas Xav Kom Ua, Cov Lus Qhia Tshwj Xeeb, los sis Cov Kev Txwv
- Ntu 4: Muab Tsab Ntawv Ua Kom Siv Tau Raws Txoj Cai

## Tom Qab Muab Tsab Ntawv Tso Lus Los Ntawm Kws Lij Choj Rau Kev Kho Mob Ua Tiav Tag

Muab tsab ntawv luam, muab tsab uas yog tsab tseem koj mus khaws tseg, thiab muab ib tsab uas yog tsab luam rau:

- Koj tus neeg sawv cev rau kev kho mob thiab lwm tus neeg uas koj tau tsa muaj nyob hauv tsab ntawv
- Koj tus kws kho mob
- Lub tsev kho mob uas koj xav mus kho thaum koj muaj ib tus mob uas yuav tsum tau kho tam sim

Luam ntau ntau tsab koj los muab rau lwm cov neeg, yog koj xav muab (piv txwv: cov neeg txheeb ze koj, VA, txiv plig, thiab kws lij choj).

## How to Complete This Document

The Power of Attorney for Healthcare form is divided into four parts:

- Part 1: Appointing a Healthcare Agent
- Part 2: General Authority of the Healthcare Agent
- Part 3: Statement of Desires, Special Provisions, or Limitations
- Part 4: Making the Document Legal

## After Completing the Power of Attorney for Healthcare

Make copies, keep the original, and give one copy to:

- Your healthcare agent and alternates appointed in the document
  - Your physician
  - The hospital you would go to in an emergency
- Make extra copies to share with others, if you wish (for example: loved ones, VA, clergy, and attorney).

## Lus Qhia Txog Tus Neeg

### Personal Information

Lub Npe (Lub Npe Lub Npe Nruab Nrab Lub Xeem) Name (First Middle Last)		Hnub Yug (hli-hnub-xyoo) Birth Date (mm-dd-yyyy)	
Tus Xov Tooj Hauv Tsev Home Phone	Tus Xov Tooj Ntawm Chaw Hauj Lwm Work Phone	Tus Xov Tooj Ntawm Tes Mobile Phone	
Naj Npawb Tsev thiab Txoj Kev Street Address	Lub Nroog City	Lub Xeev State	Tus Zip Code ZIP Code

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## Lus Ceeb Toom Rau Tus Tib Neeg Uas Ua Tsab Ntawv Ntawm No

Koj yeej muaj cai los mus txiav txim hais txog txoj kev kho koj. Lub chaw kho mob los sis tus kws kho mob yuav tsis siv ib qhov kev kho uas koj tsis pub siv coj los kho koj, thiab koj yuav txiav tsis tau los sis txwv tsis tau kom tsis txhob siv ib cov kev kho uas yuav tsum tau siv txawm hais tias koj yeej txwv tsis pub kom siv.

Vim koj cov kws kho mob, nyob rau tej lub sij hawm, yeej tsis muaj cib fim yuav los mus tsim kev sib paub zoo nrog koj, ntau zaus, lawv yeej tsis paub txog koj tej kev ntseeg thiab tej yam uas muaj nuj nqis rau koj thiab txhua yam ntawm koj txoj kev sib raug zoo nrog koj tsev neeg. Qhov no yeej yog ib qhov teeb meem yog thaum twg koj muaj ib yam dab tsi rau ntawm koj lub cev los sis txoj kev xav los mus ua rau koj txiav txim tsis tau hais txog txoj kev kho koj lawm.

Yuav kom tsis muaj qhov teeb meem ntawm no, koj yeej kos tau npe rau tsab ntawv siv raws txoj cai ntawm no coj los tso lus rau tus tib neeg uas koj xav kom nws los mus txiav txim rau koj hais txog kev kho mob yog thaum twg koj txiav txim tsis tau koj tus kheej rau cov kev txiav txim ntawd lawm. Tus tib neeg ntawd yog tus muaj npe hais tias yog koj tus neeg sawv cev rau kev kho mob. Koj yuav tsum tau siv sij hawm los mus nrog tus (cov) neeg uas koj tso lus rau ntawm no sib tham hais txog koj cov kev xav thiab kev ntseeg hais txog kev kho mob. Koj yeej hais tau rau hauv tsab ntawv ntawm no hais tias cov kev kho mob twg yog cov uas koj xav los sis tsis xav kom siv, thiab koj yeej txwv tau hais tias saib koj tsuas pub koj tus neeg sawv cev rau kev kho mob txiav txim tau rau cov kev txiav txim zoo li cas xwb. Yog koj tus neeg sawv cev rau kev kho mob uas tsis paub txog koj cov kev xav hais txog ib yam kev txiav txim rau kev kho mob, nws yeej yuav tsum tau txiav txim hais tias saib qhov twg yuav yog qhov zoo tshaj rau koj thaum nws yuav txiav txim.

Tsab ntawv no yog ib tsab ntawv siv raws txoj cai uas tseem ceeb. Nws tso lus rau koj tus neeg sawv cev los mus txiav txim hais txog kev kho mob rau koj. Nws yeej muab txhua tsab ntawv tso lus los ntawm kws lij choj rau kev kho mob uas koj

## Notice to the Person Making This Document

You have the right to make decisions about your healthcare. No healthcare may be given to you over your objection, and necessary healthcare may not be stopped or withheld if you object.

Because your healthcare providers in some cases may not have had the opportunity to establish a long-term relationship with you, they are often unfamiliar with your beliefs and values and the details of your family relationships. This poses a problem if you become physically or mentally unable to make decisions about your healthcare.

In order to avoid this problem, you may sign this legal document to specify the person whom you want to make healthcare decisions for you if you are unable to make those decisions personally. That person is known as your healthcare agent. You should take some time to discuss your thoughts and beliefs about medical treatment with the person or persons whom you have specified. You may state in this document any types of healthcare that you do or do not desire, and you may limit the authority of your healthcare agent. If your healthcare agent is unaware of your desires with respect to a particular healthcare decision, he or she is required to determine what would be in your best interests in making the decision.

This is an important legal document. It gives your agent broad powers to make healthcare decisions for you. It revokes any prior power of attorney for healthcare that you may have made. If you wish to change your power of attorney for healthcare, you may revoke this document at any time by destroying it, by directing another person to destroy it in your presence, by signing a written and dated statement or

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tau muaj yav tag los thim rov qab tib si. Yog koj xav muab koj tsab ntawv tso lus los ntawm kws lij choj rau kev kho mob pauv, koj yeej muab tsab ntawv ntawm no thim tau rov qab txhua lub sij hawm, yog koj muab tsab ntawv dua pov tseg, yog koj hais kom ib tus neeg muab tsab ntawv dua pov tseg thaum koj nyob rau ntawd, yog koj kos npe rau ib nqis lus uas muab sau ua ntaub ntawv thiab sau hnuv tim rau los sis yog koj cia li hais ntawm ncauj hais tias koj muab tsab ntawv thim rov qab thaum muaj ob tus neeg ua pov thawj nyob rau ntawd. Yog koj muab thim rov qab, koj yuav tsum tau hais rau koj tus neeg sawv cev, koj tus (cov) kws kho mob, thiab lwm tus (cov) neeg uas koj tau muab tsab ntawv ntawm no luam ib tsab rau, kom lawv paub. Yog koj tus neeg sawv cev yeej yog koj tus txij nkawm los sis tus khub nrog koj ua neej (domestic partner), thiab neb ho tsis sib yuav lawm los sis neb ho sib nrauj law los sis neb ho tsis koom tes ua neej ua ke lawm, tom qab kos npe tag rau tsab ntawv ntawm no lawm, koj yuav siv tsis tau tsab ntawv lawm.

Tej zaum koj los yeej yuav siv tau tsab ntawv ntawm no coj los tso los sis tsis tso lus rau txoj kev yuav muab ib yam khoom ntawm koj lub cev coj mus ua khoom plig rau lwm tus neeg thaum koj tag sim neej lawm. Yog koj siv tsab ntawv ntawm no coj los tso los sis tsis tso lus rau txoj kev yuav muab ib yam khoom ntawm koj lub cev coj mus ua khoom plig rau lwm tus neeg, tsab ntawv ntawm no yeej muab txhua qhov kev tso lus los yav tag los thim rov qab tib si. Koj yeej muab ib qhov kev tso lus hais txog kev muab ib yam khoom ntawm lub cev coj mus ua khoom plig rau lwm tus neeg thim tau rov qab los sis muab pauv tau yog koj muab nqi lus ntawd khij tawm hauv tsab ntawv ntawm no.

Tsis txhob kos npe rau tsab ntawv ntawm no tshwj hais tias koj yeej nkag siab meej lawm. Peb yeej xav kom koj muab tsab tseem ntawm tsab ntawv no coj mus khaws tseg rau ntawm koj tus kws kho mob los sis tus kws kho mob uas yog koj tus thawj kws kho mob.

Nyob hauv Wisconsin, "Ib tsab ntawv tso lus los ntawm kws lij choj rau kev kho mob uas yog tsab tseem los sis yog tsab luam tawm uas nyeem tau los sis tsab xa hauv khoom hluav tawv xob yeej yog ib tsab uas yuav siv tau."

by stating that it is revoked in the presence of two witnesses. If you revoke, you should notify your agent, healthcare provider(s), and any other person(s) to whom you have given a copy. If your agent is your spouse or your domestic partner, and your marriage is annulled or you are divorced or your domestic partnership is terminated after signing this document, the document is invalid.

You may also use this document to make or refuse to make an anatomical gift upon your death. If you use this document to make or refuse to make an anatomical gift, this document revokes any prior record of gift that you may have made. You may revoke or change any anatomical gift that you make by this document by crossing out the anatomical gifts provision in this document.

Do not sign this document unless you clearly understand it. It is suggested that you keep the original of this document on file with your physician or other primary care provider.

In Wisconsin, "A power of attorney for healthcare instrument that is in its original form or is a legible photocopy or electronic facsimile copy is presumed to be valid."

# Tsab Ntawv Tso Lus Los Ntawm Kws Lij Choj Rau Kev Kho Mob (txuas ntxiv)

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## NTU 1 - Kev Tsa Ib Tus Neeg Sawv Cev Rau Kev Kho Mob

Nrog tsab ntawv siv raws txoj cai ntawm no, kuv yuav qhia lub npe ntawm tus neeg uas kuv xav kom nws los mus ua tus txiav txim rau kuv hais txog kev kho mob yog thaum twg kuv txiav txim kuv tus kheej tsis tau lawm. Kuv yeej yuav tau txiav txim kuv tus kheej yog kuv tseem txiav txim tau, suav nrog rau kev tso tseg, kev pib, kev siv mus ntxiv, los sis kev tsis kam siv ib qhov kev kho mob. Nyob hauv Wisconsin, tshwj hais tias tus neeg yeej qhia rau hauv tsab ntawv ntawm no, yog ob tus kws kho mob (los sis ib tus kws kho mob thiab ib tus kws kho neeg txoj kev xav, ib tus kws pab kws kho mob, los sis ib tus kws tu neeg mob) yeej hais tias kuv txiav txim tsis tau kuv tus kheej lawm, kuv tus (cov) neeg sawv cev rau kev kho mob yuav yog tus (cov) neeg uas yuav los txiav txim raws nraim li qhov kuv xaiv. Qhov no yog ib qhov uas yuav muab hais tau hais tias kev muab kuv Tsab Ntawv Tso Lus Los Ntawm Kws Lij Choj Rau Kev Kho Mob Coj Los Siv los sis kev muab lus lees paub rau kuv Tsab Ntawv Tso Lus Los Ntawm Kws Lij Choj Rau Kev Kho Mob. Kev muab tsab ntawv coj los siv tej zaum yuav muaj txawv qhov no nyob rau lwm lub xeev.

### Ntu A: Kuv Tus (Cov) Neeg Sawv Cev Rau Kev Kho Mob

Thaum xaiv koj tus neeg sawv cev rau kev kho mob, xaiv ib tus neeg uas nws yeej paub koj zoo, ib tus neeg uas koj ntseeg siab, thiab ib tus neeg uas nws yeej pom zoo los mus hwm thiab ua raws li txhua yam uas koj xaiv thaum muaj kev txhov siab. Tus neeg ntawm no:

- Yuav tsum yog ib tus neeg muaj 18 xyoo rov saum.
- Yuav tsum tsis txhob yog koj tus kws kho mob los sis ib tus neeg uas ua hauj lwm rau koj tus kws kho mob (tshwj hais tias nws yeeg yog ib tus neeg txheeb ze koj).

## PART 1 – Appointing a Healthcare Agent

With this legal form, I am naming who I want to make healthcare choices for me if I am not able. I expect to make my own choices as long as I am able, including stopping, starting, continuing, or refusing medical care. In Wisconsin, unless otherwise specified in this document, if two physicians (or one physician and one psychologist, physician assistant, or nurse practitioner) say that I am not able to make my own decisions, my healthcare agent(s) will make decisions in accordance with my choices. This may be referred to as activation or certification of my Power of Attorney for Healthcare. Activation in other states may vary.

### Part A: My Healthcare Agent(s)

When choosing your healthcare agent, choose someone who knows you well, someone you trust, and someone who agrees to respect and honor your choices under stress. This person:

- Must be at least 18 years old.
- Cannot be your medical healthcare physician or work for your healthcare physician (unless he/she is a close relative).

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## Thawj Tus Neeg Uas Kuv Xaiv

First Choice

Lub Npe (Lub Npe Lub Npe Nruab Nrab Lub Xeem) Name (First Middle Last)		Txheeb Ze Li Cas Relationship	
Tus Xov Tooj Hauv Tsev Home Phone	Tus Xov Tooj Ntawm Chaw Hauj Lwm Work Phone	Tus Xov Tooj Ntawm Tes Mobile Phone	
Naj Npawb Tsev thiab Txoj Kev Street Address	Lub Nroog City	Lub Xeev State	Tus Zip Code ZIP Code

**Tus Neeg Thib Ob Uas Kuv Xaiv** Yog thawj tus neeg uas sawv cev kuv rau kev kho mob txiav txim tsis tau los sis tsis xav txiav txim rau kuv, tus neeg thib ob uas kuv xaiv yog:

**Second Choice** If my first healthcare agent is unable or does not want to make decisions for me, my second choice is:

Lub Npe (Lub Npe Lub Npe Nruab Nrab Lub Xeem) Name (First Middle Last)		Txheeb Ze Li Cas Relationship	
Tus Xov Tooj Hauv Tsev Home Phone	Tus Xov Tooj Ntawm Chaw Hauj Lwm Work Phone	Tus Xov Tooj Ntawm Tes Mobile Phone	
Naj Npawb Tsev thiab Txoj Kev Street Address	Lub Nroog City	Lub Xeev State	Tus Zip Code ZIP Code

**Tus Neeg Thib Peb Uas Kuv Xaiv** Yog tus neeg thib peb uas kuv xaiv coj los sawv cev kuv rau kev kho mob txiav txim tsis tau los sis tsis xav txiav txim rau kuv, tus neeg thib peb uas kuv xaiv yog:

**Third Choice** If my second healthcare agent is unable or does not want to make decisions for me, my third choice is:

Lub Npe (Lub Npe Lub Npe Nruab Nrab Lub Xeem) Name (First Middle Last)		Txheeb Ze Li Cas Relationship	
Tus Xov Tooj Hauv Tsev Home Phone	Tus Xov Tooj Ntawm Chaw Hauj Lwm Work Phone	Tus Xov Tooj Ntawm Tes Mobile Phone	
Naj Npawb Tsev thiab Txoj Kev Street Address	Lub Nroog City	Lub Xeev State	Tus Zip Code ZIP Code

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## NTU 2 - Cov Lus Qhia Dav Dav Txoj Cov Cai Uas Tus Neeg Sawv Cev Rau Kev Kho Mob Muaj

Thaum muab tsab ntawv coj los siv/muab lus lees paub rau tsab ntawv, kuv tus neeg sawv cev rau kev kho mob yeej muaj cai, tiam sis tsis yog tag rau, los mus:

- Txiaiv txim rau kuv hais txog txoj kev kho kuv los sis cov kev pab uas yuav siv, zoo li cov kev kuaj, cov tshuaj, thiab kev phais mob. Yog ib tus kws kho mob los sis ib lub chaw kho mob twb pib kho kuv lawm, kuv tus neeg sawv cev rau kev kho mob yeej cia lawv kho tau kuv mus ntxiv, yeej muab qhov kev kho pauv tau, los sis yeej muab qhov kev kho tso tseg tau nyob ntawm saib kuv cov lus hais tseg yog muaj zoo li cas, saib qhov kev xav hais tias lwm cov kev sib tham yog txhais li cas, los sis saib qhov zoo tshaj rau kuv yog qhov twg.
- Muab kuv cov ntaub ntawv kho mob thiab cov ntaub ntawv qhia txog kuv coj los txheeb xyuas thiab muab tso tawm zoo li qhov yuav tsum tso raws li txoj kev kho kuv.
- Npaj rau kev tu mob thiab kev kho mob rau kuv nyob rau ib lub xeev los sis nroog twg.
- Tawm suab hais tias saib cov kws kho mob thiab cov chaw kho mob twg yog cov yuav saib xyuas kuv.
- Muab kuv tso mus nyob hauv ib lub tsev uas muaj kws tu neeg mob los saib xyuas cov neeg los sis ib lub tsev uas muaj coob tus neeg nyob ua ke mus ib ntus tsis ntev kom muaj neeg tu los sis muaj neeg pab saib xyuas.

## Cov Kev Txwv Hais Txog Kev Kho Neeg Txoj Kev Xav Nyob Hauv Wisconsin

Wisconsin txoj cai yeej hais tias kuv tus neeg sawv cev rau kev kho mob yuav muab kuv coj mus nyob los sis yuav muab kuv tso mus nyob tsis tau rau ntawm ib lub chaw rau cov tib neeg muaj kab mob rau ntawm txoj kev xav, ib lub tsev rau cov tib neeg muaj teeb meem rau ntawm txoj kev txawj ntse, lub xeev ib chaw kho mob, los sis ib lub chaw kho neeg txoj kev xav twg li. Kuv tus neeg sawv cev rau kev kho mob yuav tso tsis tau lus kom muab kuv coj mus siv rau ib qhov tshawb fawb rau ib qhov kev kho neeg txoj kev xav los sis ib qhov kev phais mob rau neeg txoj kev xav (psychosurgery), ib qhov kev kho uas siv hluav taws xob (electroconvulsive) los sis ib cov kev kho neeg txoj kev xav uas siv ntau yam kev kho.

## PART 2 – General Authority of the Healthcare Agent

Upon activation/certification, my healthcare agent is able, but not limited, to:

- Make choices for me about my medical care or services, like tests, medications, and surgery. If treatment has already been started, my healthcare agent can keep it going, change it, or have it stopped depending upon my stated instructions, interpretation of other discussions, or my best interests.
- Review and release my medical records and personal files as needed for my medical care.
- Arrange for my medical care and treatment in any state or county.
- Say which health professionals and organizations may take care of me.
- Admit me to a nursing home or community-based residential facility for short-term stays for recuperative care or respite care.

### Limitations on Mental Health Treatment in Wisconsin

Wisconsin law says my healthcare agent may not admit or commit me to an institution for mental diseases, an intermediate care facility for persons with an intellectual disability, a state treatment facility, or any mental health treatment facility. My healthcare agent may not consent for me to experimental mental health research or psychosurgery, electroconvulsive treatment, or drastic mental health treatment procedures.

# Tsab Ntawv Tso Lus Los Ntawm Kws Lij Choj Rau Kev Kho Mob (txuas ntxiv)

Power of Attorney for Healthcare (Hmong) (continued)

(complete fields or place patient label here)

Patient Name (First Middle Last)
Birth Date (mm-dd-yyyy)
Mayo Clinic Number

## Cov Lus Qhia Ua Ntu 2

Sau thawj cov tsiaj ntawv ntawm koj lub npe rau (qhov xav kom siv) los sis khij qhov hais tias - "Yog," "Tsis yog," los sis "Tsis siv." Yog koj tsis qhia meej hais tias koj xaiv qhov twg, txoj cai nyob hauv Wisconsin yeej hais tias qhov koj xaiv yeej yog qhov hais tias "tsis yog." Qhov no txhais hais tias nyob hauv Wisconsin, yog koj tsis qhia hais tias koj xaiv qhov twg los sis tsis xaiv qhov hais tias "Tsis yog," tsuas yog ib lub tsev hais plaub thiab li yuav txiav txim tau rau ib qhov kev txiav txim zoo li no xwb thiab koj tus neeg sawv cev rau kev kho mob yuav tsis yog tus txiav txim.

## Instructions for Completing Part 2

Place your initials (preferred) or a check mark by options offered—"Yes," "No," or "Does not apply." If you do not make a clear choice, the statute in Wisconsin says your choice is considered to be "no." This means that in Wisconsin, if you do not indicate a choice or choose "No," only a court may make such a decision and not your healthcare agent.

### 1. Kev Yuav Tau Muaj Neeg Saib Xyuas Ntev Ntev Mus

#### 1. Long-Term Care

Kuv tus neeg sawv cev rau kev kho mob yeej muaj cai, yog yuav tsum tau txiav txim, los txiav txim hais txog txoj kev muab kuv coj mus nyob hauv ib lub tsev uas muaj kws tu neeg pab cov neeg los sis ib lub tsev muaj neeg coob nyob ua ke uas kuv yuav tau nyob ntev.

My healthcare agent has the authority, if necessary, to make a decision about admitting me to a nursing home or community-based residential facility for a long-term stay.

Ib lub tsev uas muaj kws tus neeg pab cov neeg  Yog  Tsis yog  
A nursing home Yes No

Ib lub tsev uas muaj neeg coob nyob ua ke (piv txwv, ib lub chaw uas muaj neeg pab cov neeg nyob hauv)  
A community-based residential facility (for example, assisted living)

Yog  Tsis yog  
Yes No

### 2. Kev Tso Zaub Mov Ntawm Ib Txoj Xov Yas thiab Kev Tso Dej Ntawm IV Mus Yug Lub Cev

#### 2. Feeding Tubes and IV Hydration

Kuv tus neeg sawv cev rau kev kho mob yeej muaj cai los mus pib, los mus txiav, los pub siv mus ntxiv, los mus tsis kam kom siv, los mus hais kom tsis txhob muab rau siv, los sis los mus tshem tawm ib qhov kev tso zaub mov ntawm ib txoj xov yas los sis tso dej ntawm IV mus yug kuv lub cev.

My healthcare agent has authority to have a feeding tube or IV hydration started, stopped, continued, refused, withheld, or withdrawn from me.

Yog  Tsis yog  
Yes No

Yog kuv tau khij rau qhov hais tias "Yog" nyob saum no, kuv tus neeg sawv cev rau kev kho mob yeej hais tau kom tsis txhob tso zaub mov ntawm ib txoj xov yas mus yug kuv lub cev los sis kom muab txoj kev tso zaub mov ntawm ib txoj xov yas mus yug kuv lub cev tshem tawm, tshwj hais tias kuv tus kws kho mob yeej hais tias qhov no yuav ua rau kuv hnov mob lossis txo qhov uas kuv nyob tau tsis muaj teeb meem.

If I have checked "Yes" to the above, my healthcare agent may have a feeding tube withheld or withdrawn from me, unless my physician advises that this will cause me pain or will reduce my comfort.

### 3. Lub Cev Tsis Tab Seeb

#### 3. Pregnancy

Kuv tus neeg sawv cev rau kev kho mob yeej muaj cai los mus txiav txim rau kuv yog kuv lub cev tsis tab seeb.

My healthcare agent has authority to make decisions for me if I am pregnant.

Yog  Tsis yog  Tsis siv  
Yes No Does not apply



# Tsab Ntawv Tso Lus Los Ntawm Kws Lij Choj Rau Kev Kho Mob (txuas ntxiv)

Power of Attorney for Healthcare (Hmong) (continued)

(complete fields or place patient label here)

Patient Name (First Middle Last)
Birth Date (mm-dd-yyyy)
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## NTU 3 – Tej Yam Uas Tsis Tag Muaj Los Tau Nqis Lus Qhia Txog Tej Yam Uas Xav Kom Ua, Cov Nqis Lus Tshwj Xeeb, los sis Kev Txwv

Kuv tus neeg sawv cev rau kev kho mob yuav txiav txim raws nraim li tej yam uas kuv xav kom ua thiab tej yam uas muaj nuj nqis rau kuv thiab yeej yog cov uas muaj lus qhia tshwj xeeb los sis muaj cov kev txwv uas kuv muab teev rau ntawm no. Yog tej yam uas muaj nuj nqis rau kuv thiab kuv cov hom phiaj ho tsis zoo ib yam, kuv xav kom kuv tus neeg sawv cev kuv los mus txiav txim raws li tej yam uas muaj nuj nqis rau kuv thiab tej yam uas kuv xav kom ua ntau tshaj.

## PART 3 – Optional Statement of Desires, Special Provisions, or Limitations

My healthcare agent shall make decisions consistent with my stated desires and values and is subject to any special instructions or limitations that I may list here. If there are conflicts among my known values and goals, I want my agent to make the decision that would best represent my values and preferences.

**Kuv yeej TSIS MUAJ LUS QHIA rau Ntu 3.** Sau thawj cov niam ntawv ntawm lub npe rau: \_\_\_\_\_

I have **NO INSTRUCTIONS** for Part 3. Initials: \_\_\_\_\_

Kuv yeej tsis tag yuav tsum tau sau ib cov lus qhia los sis xaiv ib yam dab tsi nyob rau hauv Ntu 3 li. Yog kuv tsis sau ib cov lus qhia rau li, kuv tus neeg sawv cev rau kev kho mob yuav txiav txim raws li kuv cov lus hais ntawm ncauj los sis raws li qhov uas yuav yog qhov zoo tshaj rau kuv.

I am not required to provide any written instructions or make any selections in Part 3. If I choose not to provide any instructions, my healthcare agent will make decisions based on my verbal instructions or what is considered in my best interest.

**LUS QHIA NTXIV:** Qhov tseem ceeb yog kuv yuav tsum tau nrog kuv tus (cov) kws kho mob, cov neeg sawv cev rau kev kho mob, thiab tsev neeg sib tham hais txog qhov hais tias saib tej yam uas kuv xav kom ua thiab tej yam uas muaj nuj nqis rau kuv yog dab tsi hais txog kev kho mob rau Txoj Kev Tso Tseg Ntawm Ib Qhov Kev Kho Uas Yuav Muab Siv Coj Los Tuav Txoj Sia (Stopping of Life-Prolonging Treatment), Kev Tswj Mob los sis Tswj Tsos Mob (Pain and Symptom Control), thiab Kev Ua Kom Lub Plawv Rov Qab Khiav Thaum Lub Plawv Twb Nres Lawm (Cardiopulmonary Resuscitation (CPR)). Kuv yeej muaj cai los mus sau tej yam uas kuv xav kom ua thiab tej yam uas muaj nuj nqis rau kuv hais txog kev kho mob coj los qhia hais tias kuv pom zoo kom kho kuv li cas nyob rau cov ntu ntawv nram qab no.

**NOTE:** It is important to have on going conversations with my provider(s), healthcare agents, and family about what my preferences and values are regarding medical care for the Stopping of Life-Prolonging Treatment, Pain and Symptom Control, and Cardiopulmonary Resuscitation (CPR). I have the right to guide my own healthcare by writing my desires and values regarding medical care in the following sections.

**Tsab Ntawv Tso Lus Los Ntawm**  
**Kws Lij Choj Rau Kev Kho Mob** (txuas ntxiv)  
Power of Attorney for Healthcare (Hmong) (continued)

(complete fields or place patient label here)

Patient Name (First Middle Last)

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**NTU 3 – Tej Yam Uas Tsis Tag Muaj Los Tau**

**Nqis Lus Qhia Txog Tej Yam Uas Xav Kom Ua, Cov Lus Qhia Tshwj Xeeb, los sis Kev Txwv** (txuas ntxiv)

**PART 3 – Optional**

**Statement of Desires, Special Provisions, or Limitations** (continued)

**Kev Tso Tseg Cov Kev Kho Uas Yuav Muab Siv Coj Los Tuav Txoj Sia**

**Stopping Life-Prolonging Treatments**

Thaum kuv xav txog txoj kev tso tseg cov kev kho uas yuav muab siv coj los tuav txoj sia, qhov no yog qhov tseem ceeb rau kuv:

When I consider stopping life-prolonging treatments, this is what is important to me:

**Kev Tswj Mob los sis Tswj Tsos Mob**

**Pain and Symptom Control**

Thaum yuav txog lub sij hawm uas kuv yuav tsis muaj txoj sia nyob lawm, qhov nram qab no yog qhov uas tseem ceeb tshaj rau kuv hais txog kev tswj kuv qhov mob thiab lwm cov tsos mob.

As I near the end of my life, the following is what is most important to me to manage my pain and other symptoms.

**Kev Ua Kom Lub Plawv Rov Qab Khiav Thaum Lub Plawv Twb Nres Lawm (CPR)**

**Cardiopulmonary Resuscitation (CPR)**

Yog thaum twg kuv lub plawv nres thiab kuv tsis ua pa lawm, uas yog muaj npe hu ua lub plawv nres, qhov no yog qhov tseem ceeb rau kuv, piv txwv, cia tuag mus, sib zog kho:

If my heart and breathing stops, known as sudden cardiac death, this is what is important to me, for example, allow natural death, aggressive care:

**Tsab Ntawv Tso Lus Los Ntawm**  
**Kws Lij Choj Rau Kev Kho Mob** (txuas ntxiv)  
Power of Attorney for Healthcare (Hmong) (continued)

(complete fields or place patient label here)

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**NTU 3 – Tej Yam Uas Tsis Tag Muaj Los Tau**  
**Nqis Lus Qhia Txog Tej Yam Uas Xav Kom Ua, Cov Lus Qhia Tshwj Xeeb, los sis Kev Txwv** (txuas ntxiv)  
**PART 3 – Optional**  
**Statement of Desires, Special Provisions, or Limitations** (continued)

**Thaum Yuav Txog Lub Sij Hawm Uas Yuav Tsis Muaj Txoj Sia Nyob Lawm**  
When Nearing Death

Thaum kuv yuav tag sim neej thiab kuv yeej hais tsis tau lus lawm, kuv xav qhia cov tswv yim thiab kev xav nram qab no rau kuv tsev neeg thiab cov phooj ywg thiab yog muaj sij hawm, kuv thov kom kuv tus neeg sawv cev rau kev kho mob los mus qhia rau cov tib neeg nram qab no uas lawv yog cov neeg nyob hauv kuv tsev neeg thiab yog kuv cov phooj ywg.  
When I am nearing death and I cannot speak, I want to share with my family and friends the following thoughts and feelings and if time allows, I request my healthcare agent to include the following family and friends.

Thaum kuv yuav tag sim neej lawm, kuv thov kom muaj cov kev cai dab qhuas, kab li kev cai, kev cai ntseeg vaj tswv, kab ke, los sis lwm cov kev pab uas tseem ceeb nram qab no.  
When I am nearing death, I request that the following rituals, customs, sacraments, ceremonies, or other meaningful supports be provided.

Kuv tus neeg coj dab coj qhuas/coj cov neeg \_\_\_\_\_ Tus xov tooj \_\_\_\_\_  
My faith leader/community Contact number

Thaum kuv yuav tag sim neeg lawm, kuv thov kom siv cov kev kho nram qab no coj los ua kom kuv nyob tau tsis muaj teeb meem, piv txwv, tso cov suab nkauj uas kuv nyiam, muab cov pam uas sov rau kuv vov, muab kuv tso pw ntawm lub txaj tig zoo li cas:  
When I am nearing death, I request the following measures be taken to help keep me comfortable, for example, favorite music, warm blankets, position in bed:

**Tsab Ntawv Tso Lus Los Ntawm**  
**Kws Lij Choj Rau Kev Kho Mob** (txuas ntxiv)  
Power of Attorney for Healthcare (Hmong) (continued)

(complete fields or place patient label here)

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**NTU 3 – Tej Yam Uas Tsis Tag Muaj Los Tau**  
**Nqis Lus Qhia Txog Tej Yam Uas Xav Kom Ua, Cov**  
**Lus Qhia Tshwj Xeeb, los sis Kev Txwv** (txuas ntxiv)

**Cov Lus Qhia:** Nyob hauv txhua txhua ib ntu ntawv twg, sau thawj cov tsiaj ntawv ntawm lub npe rau los sis khij tag nrho cov nqis lus uas siv tau thiab/los sis muab cov nqis lus uas koj tsis pom zoo rau khij tawm.

**PART 3 – Optional**  
**Statement of Desires, Special Provisions,**  
**or Limitations** (continued)

**Instructions:** In each section, initial or check all that apply and/or draw line through statements you do not agree with.

**Thaum Kuv Tag Sim Neej Lawm**  
Upon My Death

**Kev muab cov khoom nyob hauv lub cev, tej nqaij tawv, los sis qhov muag siv coj mus kho lwm cov neeg (muab cov khoom ntawm lub cev coj mus ua khoom plig)**  
Donating my organs, tissues, or eyes (anatomical gifts)

\_\_\_\_\_ Kuv yeej tsis xav kom kuv ob lub qhov muag, cov khoom nyob hauv kuv lub cev thiab tej nqaij tawv siv coj mus kho lwm cov neeg li, yog ua tau.  
I do want to donate my eyes, organs and tissues, if possible.

\_\_\_\_\_ Kuv twb muab qhov no qhia rau hauv kuv daim npav tsav tsheb los sis daim npav uas lub xeev muab rau kuv lawm.  
I have indicated this choice on my driver's license or state-issued identification card.

\_\_\_\_\_ Kuv twb mus tso npe rau hauv lub xeev qhov chaw ceev cov neeg uas lawv pom zoo muab cov khoom nyob hauv lawv lub cev siv coj mus kho lwm cov neeg uas muaj nyob rau hauv online tag lawm. (www.DonateLife.net)  
I am registered on my state's online donor registry. (www.DonateLife.net)

\_\_\_\_\_ Kuv yeej tsis xav ua ib tus neeg uas pom zoo muab cov khoom hauv kuv lub cev siv coj mus kho lwm cov neeg txawm hais tias kuv yeej tsis tau muab qhov no qhia rau hauv kuv daim npav tsav tsheb thiab/los sis hauv lub xeev qhov chaw teev cov neeg uas lawv pom zoo muab cov khoom hauv lawv lub cev siv coj mus kho lwm cov neeg uas muaj nyob hauv online li.  
I do want to be a donor even if I have not indicated this on my driver's license and/or on the state's online donor registry.

\_\_\_\_\_ Kuv tsuas xav kom muab kuv lub \_\_\_\_\_ siv coj mus kho lwm cov neeg xwb.  
I want to donate only my \_\_\_\_\_.

\_\_\_\_\_ Kuv yeej tsis xav kom muab kuv ob lub qhov muag, cov khoom hauv kuv lub cev thiab tej tawv nqaij siv coj mus kho lwm cov neeg li.  
I do not want to donate my eyes, organs and tissues.

# Tsab Ntawv Tso Lus Los Ntawm Kws Lij Choj Rau Kev Kho Mob (txuas ntxiv)

Power of Attorney for Healthcare (Hmong) (continued)

(complete fields or place patient label here)

Patient Name (First Middle Last)

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## Kev muab kuv lub cev coj mus siv rau kev tshawb fawb

### Donating my body to scientific research

\_\_\_\_\_ Kuv yeej nkag siab hais tias yog kuv muab kuv lub cev coj mus siv rau kev tshawb fawb, kuv yuav ua tsis tau ib tus neeg uas yuav muab cov khoom hauv kuv lub cev, tej tawv nqaij, los sis qhov muag siv coj mus kho lwm cov neeg.  
I understand that if I donate my body for scientific research, I cannot be an organ, tissue, or eye donor.

\_\_\_\_\_ Kuv yeej xav kom muab kuv lub cev coj mus siv rau kev tshawb fawb. Kuv twb mus ua ntaub ntawv tag rau qhov no rau ntawm lub chaw nram qab no lawm \_\_\_\_\_.  
I do want to donate my body for scientific research. I have made arrangements for this with the following institution.

\_\_\_\_\_ Kuv nkag siab hais tias txoj kev xaiv qhov saum no yeej tsis muab kuv coj mus tso npe siv ib qhov kev pab cuam dab tsi li. Kuv yuav tsum tau mus ua tag nrho cov ntaub ntawv uas lub chaw ntawd yuav tsum kom muaj coj los tso lus thiab muab npe tso rau hauv lawv qhov kev pab cuam rau kev muab lub cev coj mus siv rau kev tshawb fawb.

I understand that selecting the above does not enroll me in a program. I must complete all necessary documentation required by that institution to fully consent and register for their body donation program.

\_\_\_\_\_ Kuv yeej tsis xav kom muab kuv lub cev coj mus siv rau kev tshawb fawb.  
I do not want to donate my body for scientific research.

## Kev kuaj lub cev saib yog vim li cas es thiaj li tuag

### Autopsy

\_\_\_\_\_ Kuv yeej pom zoo kom muaj ib qhov kev kuaj lub cev saib yog vim li cas es kuv thiaj li tuag yog hais tias nws yuav pab tau cov neeg uas nrog kuv koom niam koom txiv los sis koom pog koom yawg kom lawv nkag siab hais tias yog vim li cas kuv thiaj li tuag los sis yog nws yuav pab tau lawv hais txog lawv cov kev txiav txim rau kev kho mob yav tom ntej.

I would accept an autopsy if it can help my blood relatives understand the cause of how I died or it might assist them with their future healthcare decisions.

\_\_\_\_\_ Kuv yeej pom zoo kom muaj ib qhov kev kuaj lub cev saib yog vim li cas es kuv thiaj li tuag yog hais tias nws yeej pab tau kom muaj kev vam meej rau ntawm kev kho mob los sis rau ntawm kev kawm txog mob nkeeg.

I would accept an autopsy if it can help the advancement of medicine or medical education.

\_\_\_\_\_ Kuv yeej tsis xav kom muaj ib qhov kev kuaj lub cev saib yog vim li cas es kuv thiaj li tuag, tshwj hais tias nws yeej yog ib yam uas txoj cai yuav tsum kom muaj xwb.

I do not want an autopsy performed on me, unless required by law.

## Lwm cov ntaub ntawv thiab lus thov

### Other information and requests

Lub tsev txias, kev muab lub cev hlawv, los sis muab faus uas kuv tau xaiv yog:

Funeral home designation, cremation, or burial plans that I have made are:

\_\_\_\_\_ Thaum kuv sau thawj cov tsiaj ntawv ntawm kuv lub npe (qhov xav kom siv) los sis sau ib tus cim rau ntawm no, kuv yeej tau muab ib cov ntaub ntawv ntxiv hais txog txoj kev kho kuv coj los tso nrog tsab ntawv no.

By placing my initials (preferred) or a check mark here, I have attached additional documents about my healthcare.

# Tsab Ntawv Tso Lus Los Ntawm Kws Lij Choj Rau Kev Kho Mob (txuas ntxiv)

Power of Attorney for Healthcare (Hmong) (continued)

(complete fields or place patient label here)

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## NTU 4 – Kev Muab Tsab Ntawv Ua Kom Siv Tau Raws Txoj Cai

**Cov Lus Qhia:** Cov neeg nyob hauv Wisconsin yuav tsum kos npe thiab sau hnuv tim rau tsab ntawm no rau thaum muaj ob tus neeg ua pov thawj nyob rau ntawd. Cov neeg nyob hauv Minnesota los sis Iowa yeej kos tau npe rau tsab ntawv ntawm no rau thaum muaj ob tus neeg ua pov thawj nyob rau ntawd los sis rau thaum muaj ib tus kws saib neeg kos npe rau cov ntaub ntawv tseem ceeb kom paub hais tias yeej yog tus neeg tiag (notary public) nyob rau ntawd (nyob phab ntawv txuas ntxiv tom ntej.)

**Kuv yeej pom zoo raws nraim li txhua yam uas muaj nyob hauv tsab ntawv ntawm no. Kuv yeej pom zoo ua qhov no thiab yeej tsis muaj neeg yuam kom kuv ua li.**

## PART 4 – Making the Document Legal

**Instructions:** Wisconsin residents must have this document signed and dated in the presence of two witnesses. Minnesota or Iowa residents may have document signed and dated in the presence of two witnesses or a notary public (next page.)

**I agree with everything in this document. I am doing this willingly.**

Tus Neeg Mob Tus Ntawv Tes Kos Npe Patient Signature ▶	Hnub Tim (hli-hnub-xyoo) Date (mm-dd-yyyy)
Lub Npe (Lub Npe Lub Npe Nruab Nrab Lub Xeem) Printed Name (First Middle Last)	

**Kuv pom zoo raws nraim li txhua yam uas muaj nyob hauv tsab ntawv ntawm no thiab kuv kos tsis tau kuv lub npe. Tus neeg muaj npe nyob hauv qab no yog tus neeg uas kos kuv lub npe rau thaum muaj kuv nyob rau ntawd rau ntu ntawv nyob saum no.**

**I agree with everything in this document and I cannot sign my name. The person named below signed my name in my presence in the section above.**

Lub Npe (Lub Npe Lub Npe Nruab Nrab Lub Xeem) Printed Name (First Middle Last)	Hnub Tim (hli-hnub-xyoo) Date (mm-dd-yyyy)
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## Nqis Lus Hais Txog Cov Neeg Ua Pov Thawj

Kuv paub hais tias tus neeg ntawm no yeej yog tus tib neeg uas qhia nyob hauv tsab ntawv ntawm no. Kuv ntseeg hais tias nws lub paj hlwb yeej tseem khiav zoo thiab nws yeej muaj hnuv nyoog 18 xyoo rov saum lawm. Kuv yeej ntsia ntsoov nws kos nws lub npe rau tsab ntawv ntawm no, thiab kuv yeej ntseeg hais tias nws yeej txiav txim nws tus kheej los mus kos nws lub npe rau. Thaum kuv kos npe rau tsab ntawv ntawm no zoo li ib tus neeg ua pov thawj, kuv yeej lees lus hais tias kuv:

- Yeej muaj hnuv nyoog 18 xyoo rov saum lawm

## Statement of Witnesses

I know this person to be the individual identified in the document. I believe him/her to be of sound mind and at least 18 years of age. I personally witnessed him/her sign this document, and I believe that he/she did so voluntarily. By signing this document as a witness, I certify that I am:

- At least 18 years old

# Tsab Ntawv Tso Lus Los Ntawm Kws Lij Choj Rau Kev Kho Mob (txuas ntxiv)

Power of Attorney for Healthcare (Hmong) (continued)

(complete fields or place patient label here)

Patient Name (First Middle Last)
Birth Date (mm-dd-yyyy)
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- Yeej tsis yog ib tus neeg sawv cev rau kev kho mob uas tus kos npe rau tsab ntawv ntawm no tau tsa muaj
- Yeej tsis txheeb ze tus neeg uas kos npe rau tsab ntawv ntawm no los ntawm kev koom niam koom txiv los sis koom pog koom yawg, kev sib yuav ua niam txiv, kev txais coj los tu, los si yeej tsis yog tus neeg uas nrog tus neeg no koom tes ua neej (domestic partner)
- Yeej tsis muaj feem cuam rau saum phab nyiaj txiag rau tus neeg txoj kev kho mob li
- Yeej tsis yog ib tus kws kho mob uas kho tus neeg no nyob rau lub sij hawm ntawm no
- Yeej tsis yog ib tus neeg ua hauj lwmm (yog hais tias tsis yog ib tus kws pab pej xeem los sis xib hwb thov ntuj) ntawm ib lub chaw kho mob uas kho tus neeg no nyob rau lub sij hawm ntawm no
- Yeej tsis paub hais tias kuv muaj cai tau los sis muaj cai mus nqa tau tus neeg no tej nyiaj txiag, khoom vaj khoom tsev coj los xam rau ib qhov nqi uas nws tsis tau them rau kuv
- Not a healthcare agent appointed by the person signing this document
- Not related to the person signing this document by blood, marriage, adoption, or not the domestic partner
- Not directly financially responsible for that person's healthcare
- Not a healthcare provider directly serving the person at this time
- Not an employee (other than a social worker or chaplain) of a healthcare facility directly serving the person at this time
- Not aware that I am entitled to or have a claim against the person's estate

## Tus Neeg Ua Pov Thawj 1

Witness 1

Tus Ntawv Tes Kos Npe Signature ▶		Hnub Tim (hli-hnub-xyoo) Date (mm-dd-yyyy)	
Lub Npe (Lub Npe Lub Npe Nruab Nrab Lub Xeem) Printed Name (First Middle Last)		Txheeb Ze Li Cas Relationship	
Qhov Chaw Nyob Address	Lub Nroog City	Lub Xeev State	Tus Zip Code ZIP Code

## Tus Neeg Ua Pov Thawj 2

Witness 2

Tus Ntawv Tes Kos Npe Signature ▶		Hnub Tim (hli-hnub-xyoo) Date (mm-dd-yyyy)	
Lub Npe (Lub Npe Lub Npe Nruab Nrab Lub Xeem) Printed Name (First Middle Last)		Txheeb Ze Li Cas Relationship	
Qhov Chaw Nyob Address	Lub Nroog City	Lub Xeev State	Tus Zip Code ZIP Code

# Tsab Ntawv Tso Lus Los Ntawm Kws Lij Choj Rau Kev Kho Mob (txuas ntxiv)

Power of Attorney for Healthcare (Hmong) (continued)

(complete fields or place patient label here)

Patient Name (First Middle Last)

Birth Date (mm-dd-yyyy)

Mayo Clinic Number

## Kev Muaj Tus Kws Saib Neeg Kos Npe Kom Paub Hais Tias Yeej Yog Tus Neeg Ntawd Tiag

### Lus Qhia Rau Cov Neeg Nyob Hauv Iowa thiab Minnesota:

Cov neeg nyob hauv Iowa thiab Minnesota yeej muab tsab ntawv coj mus rau ib kws saib neeg kos npe (notary public) uas tau kev tso cai los ntawm lawv lub xeev kos tau npe rau, es tsis tag siv qhov uas yuav tau muaj ob tus neeg ua pov thawj.

**Cov Lus Qhia Rau Cov Neeg Nyob Hauv Wisconsin:** Cov neeg nyob hauv Wisconsin yuav siv tsis tau ib tus kws saib neeg kos npe coj los muab tsab ntawv ntawm no ua kom siv tau raws txoj cai.

## Notarization

**Iowa and Minnesota Resident Instructions:** Residents of Iowa and Minnesota may have the document signed by a notary public authorized in their state, instead of having two witnesses.

**Wisconsin Resident Instructions:** Notarization of this document is not legal for residents of Wisconsin.

## Tus Kws Saib Neeg Kos Npe Kom Paub Hais Tias Yeej Yog Tus Neeg Ntawd Tiag

Notary Public

Nyob hauv Xeev Minnesota / Iowa (khij voj voos rau ib qhov), Nroog \_\_\_\_\_  
In the State of Minnesota Iowa (circle one), County of \_\_\_\_\_

Thaum kuv nyob rau ntawd rau thaum (hnuv tim) \_\_\_\_\_, (Lub Npe) \_\_\_\_\_  
In my presence on (date) (Name)

yeej tau lees paub hais tias nws tus ntawv tes kos npe uas muaj nyob rau ntawm tsab ntawv ntawm no yeej yog nws tus los sis yeej tau lees paub hais tus ntawv tes kos npe uas muaj nyob rau ntawm tsab ntawv ntawm no yeej yog tus ntawv tes kos npe ntawm tus neeg uas nws tau tso lus kom los ua tus kos npe rau tsab ntawv no sawv cev nws. Kuv yeej tsis yog ib tus neeg uas muaj npe nyob hauv tsab ntawv ntawm no los mus ua ib tus neeg sawv cev rau kev kho mob los sis lwm tus neeg sawv cev rau kev kho mob li.

acknowledged his or her signature on this document or acknowledged that he or she authorized the person signing this document to sign on his or her behalf. I am not named as a healthcare agent or alternate healthcare agent in this document.

\_\_\_\_\_  
Tus Kws Saib Neeg Kos Npe Tus Ntawv Tes Kos Npe

Signature of Notary

\_\_\_\_\_  
Lub Npe Ntawm Txoj Hauj Lwm (thiab lub xab rau Tub Rog)

Title of Office (and rank for Military Personnel)

\_\_\_\_\_  
Kuv Lub Sij Hawm Ua Tub Rog Yuav Tag Rau Thaum (hnuv tim)

My Commission Expires (date)

Lus Qhia Ntxiv: Txoj cai yuav tsum kom muaj lub thwj. Yog koj tsis siv ib lub thwj uas siv kob coj los ntaus rau tsab ntawv, thov nco ntsoov hais tias yuav tsis pom lub thwj thaum muab cov ntawv luam tawm.

Note: Stamp required by law.

If you do not use a stamp, please remember that an embosser does not transfer in making copies.

**Tus Kws Saib Neeg Kos Npe Lub Thwj**

Notary Stamp