

Certificate of Capacity

For the benefit of:

Prepared by Dr. _____

On this date: _____

Medical Certificate of Capacity

By my signature below, I attest that I have this day evaluated _____, who was born on ___/___/___ and, in my professional opinion, find him/her to be fully mentally capacitated at this time by virtue of:

- The current medical condition of the patient who is in a normal state of health for a person of his/her age. The patient has no significant physical, emotional or mental health conditions that impair or diminish his capacity.
- The patient is observed to demonstrate normal and full, age appropriate cognitive ability, perception, attention, long and short term memory, motor skills, language skills, visual/spatial processing, motor and executive functioning.
- The functional state of the patient is unimpaired, unrestricted and appropriate for his current living arrangements in general society. Appropriate resources for support are available if needed.
- The patient is able to assess and evaluate any potential risks to his physical, emotional and financial well being. He has the ability to make rational decisions and to resist undue influence by others.
- The patient's values, the ethical moral and traditional aspects of the patient's daily life and preferences for his own way of life are well defined and not currently threatened, impaired or diminished.
- The patient requires no rehabilitation or other interventions at this time.

Signed this _____ day of _____, 20__
