ILLINOIS DEPARTMENT OF PUBLIC HEALTH

INTERPRETER ATTACHMENT

ILLINOIS END-OF-LIFE OPTIONS FOR TERMINALLY ILL PATIENTS ACT

I, _____ (NAME of INTERPRETER), am fluent in English and

_____ (LANGUAGE of PATIENT, INCLUDING SIGN LANGUAGE).

On _____ (DATE) at approximately _____ (TIME), I read the "Request for Medication to End My Life in a Peaceful Manner" form to _____ (NAME OF PATIENT) in _____ (LANGUAGE OF PATIENT, INCLUDING SIGN LANGUAGE).

_____ (NAME OF PATIENT) affirmed to me that they understand the content of this form, that they desire to sign this form under their own power and volition, and that they requested to sign the form after consultations with an attending physician.

Under penalty of perjury, I declare that I am fluent in English and _____ (LANGUAGE OF PATIENT, INCLUDING SIGN LANGUAGE) and that the contents of this form, to the best of my knowledge, are true and correct.

Executed at _____ (CITY) _____ (COUNTY) _____ (STATE) on _____ (DATE).

INTERPRETER SIGNATURE

_____

INTERPRETER PRINTED NAME

_____

INTERPRETER MAILING ADDRESS

_____

INTERPRETER ORGANIZATION (IF APPLICABLE)

_____

Please include in the patient's medical record.

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH