

**COVID-19 LIVING WILL SUPPLEMENT**

This document is a supplement to the Living Will that I signed on \_\_\_\_\_. The purpose of this supplemental document is to express my specific wishes in the event that I am diagnosed with COVID-19 or exhibit symptoms of COVID-19 that suggest testing for the virus is appropriate and be incapacitated (as set forth in FL Stat 765). I intend for this supplement document to be treated as if it were a part of my properly executed Living Will.

NOTWITHSTANDING any directions, instructions, wishes, choices, or intentions expressed to the contrary in my Living Will:

- If I exhibit any symptoms that suggest I may be afflicted with COVID-19, I wish to be tested for such virus and consent to any means of testing that are available.
- If I am diagnosed with COVID-19, I consent to being quarantined in a hospital; however, I prefer to be quarantined in my own home if at all possible.
- I consent to the following people be permitted to visit me in any way possible and communicate with me by whatever means possible during any period of quarantine due to COVID-19. I wish to remain in contact with the below-described individuals to the maximum extent possible:

_____	_____
_____	_____
_____	_____
_____	_____

If intubation, artificial ventilation, or any other medical aids or devices may provide assistance to me while diagnosed with COVID-19, I expressly wish and consent to the administration of those aids. Any "end of life" decisions that I have previously made indicating a wish to withhold life-sustaining measures do not apply while I am afflicted or diagnosed with COVID-19. I intend to be kept alive by all means possible if I am afflicted or diagnosed with COVID-19.

I expressly consent to any medication that may help me recover from COVID-19, including any medication that is considered experimental. I give my Health Care Surrogate authority to sign all documentation, including waivers, indemnification agreements, and "hold harmless" agreements, that may be required for me to receive such medication.

I consent to participate in any trials being conducted for treatment of COVID-19 and give my Health Care Surrogate the authority to sign any documentation regarding such trial. I give consent for my Health Care Surrogate to communicate with all health care providers in person, by phone, by video or other electronic communication, and to send, receive, and view any documents or health information electronically.

If there is any conflict between a provision in my Living Will and a provision in this supplemental document, the provision in this supplemental document will apply.

I give my Health Care Surrogate the authority to consent on my behalf to any additional precautionary measures, treatments, communications, provisions, routines, arrangements, or other matters that may be beneficial to me due to COVID-19. I intend for the preceding sentence to be interpreted as broadly as

possible, knowing that all matters regarding COVID-19 are rapidly changing and developing any likely will further change after I sign this supplemental document.

If I am unable to comply with state law regarding the execution of a Living Will due to shelter-in-place mandates or because I am in quarantine or my concern for my health and safety precludes compliance with such formalities, I ask my health care providers and any court of competent jurisdiction to give this document the same force and effect as if it had been signed in compliance with state law.

On \_\_\_\_\_, I hereby declare this document to be my COVID -19 Living Will Supplement.

\_\_\_\_\_  
Declarant

On \_\_\_\_\_, this document was signed by the above-named Declarant in our joint presence. At the Declarant's request, we have signed our names, as attesting witnesses, in the Declarant's presence, and in the presence of each other.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

State of Florida, County of \_\_\_\_\_

Affirmed and signed before me, on \_\_\_\_\_, by Declarant, and each of the witnesses, who personally appeared before me at the time of notarization by means of  physical presence or  online notarization, and acknowledged signing the foregoing document in the presence of each other.

Declarant:  is personally known to me or  produced the following identification: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
(Notary Public - Printed or Typed Name)

(Notary Stamp & Expiration)