**CERTIFICATE OF MENTAL CAPACITY**

[*On the letterhead of the doctor*]

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

I am a registered medical practitioner with [*insert appropriate name*] Medical Council. My registration number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This is to certify that I have carefully examined [*insert name of person executing the directive*] and hereby certify that [they] are fully capable of understanding and taking decisions relating to [their] advance medical directive.

[Signature of medical practitioner]