

**PHYSICIAN'S WRITTEN CERTIFICATION OF ELIGIBILITY FOR MEDICAL USE OF MARIJUANA**

(Pursuant to 22 M.R.S.A., Chapter 558-C)

**Patient Name:** \_\_\_\_\_

**Patient less than 18 years of age – patient's parent or legal guardian's name:** \_\_\_\_\_

I am a physician licensed in the State of Maine. The above-named patient is under my continuing care for a debilitating medical condition as defined in the Maine Medical Marijuana Act, 22 M.R.S.A. §2421, *et seq.* (the "Act"). According to the Act, the use of marijuana for medical purposes is now permissible for the treatment of:

1. Cancer, glaucoma, HIV/AIDS, hepatitis C, amyotrophic lateral sclerosis (ALS), Crohn's disease, agitation of Alzheimer's disease, nail-patella syndrome or the treatment of these conditions;
2. A chronic or debilitating disease or medical condition or its treatment that produces intractable pain, which is pain that has not responded to ordinary medical or surgical measures for more than 6 months;
3. A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome; severe nausea; seizures, including but not limited to those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis; or
4. Any other medical condition or its treatment approved by DHHS by administrative rule (none as of 11/6/09).

The above-named patient has disclosed his/her current or past medical use of marijuana, or his/her intention to use marijuana for medical purposes in the future.

I have advised the above-named patient and, if the patient is less than 18 years of age, the patient's parent or legal guardian, about the potential risks and benefits of the medical use of marijuana. I have provided the above-named patient with my professional opinion concerning the possible balance of risks and benefits in this person's particular case. I have assessed the above-named patient's medical history and medical condition and have advised this person that s/he might benefit from the medical use of marijuana.

I have cautioned this patient not to drive or engage in hazardous activities (such as operating machinery) while using marijuana for medical purposes.

**Signature of Physician:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name of Physician:** \_\_\_\_\_

**CONSENT TO TREATMENT WITH MARIJUANA FOR MEDICAL PURPOSES**

I, \_\_\_\_\_, am requesting the physician to certify me/patient as a qualifying patient  
(Patient/Minor Patient's Parent or Legal Guardian)

under the Maine Medical Marijuana Act and to treat my debilitating medical condition as I use marijuana for medical purposes. In requesting the physician to continue treating me as I use marijuana for medical purposes, I assume full responsibility for any and all risks of this action related to my/patient's current medical condition.

I understand that marijuana is not approved by the Federal Food and Drug Administration for medicinal purposes and may contain unknown quantities of active ingredients and may potentially contain contaminants and/or impurities. I understand that my/patient's physician may not be knowledgeable of all the associated risks involved in the use of a non-FDA approved substance such as marijuana. I acknowledge that there is controversy in the medical/scientific literature available regarding the usage of marijuana for medical purposes and that more research is currently being conducted.

I understand that although the Maine law has approved the limited use of marijuana for medical purposes, its use is not approved under federal law, and that the current and future enforcement action of federal law enforcement officials is uncertain.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Minor Patient's Parent or Legal Guardian

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NOTE: If the patient is less than 18 years of age, both the name of the patient and the patient's parent or legal guardian should be printed above and both the minor patient and his/her parent or legal guardian should sign the form.