

CLIENT - PRIVACY & CONSENT

CLIENT'S ASSURANCE OF INFORMED MEDICAL CONSENT

EMPLOYEE NAME (print): _____

SUPERVISOR & CORPORATE EMPLOYER (print): _____

I write with regard to the matter of the potential Covid vaccine and my desire to be fully informed and apprised of **ALL facts before going ahead**. I'd be most grateful if you could please provide the following information, in accordance with statutory legal requirements **[CHECK EXPLAIN (ATTACH IF NECESSARY) & INITIAL]**:

- 1. Can you please advise the **approved legal status of any vaccine and if it is experimental?**

[INITIAL HERE] _____

- 2. Can you please **provide details and assurances that the vaccine has been fully, independently and rigorously tested against control groups** and the subsequent outcomes of those tests?

[INITIAL HERE] _____

- 3. Can you please advise the **entire list of contents of the vaccine I am to receive and if any are toxic to the body?**

[INITIAL HERE] _____

- 4. Can you please fully advise of all the **adverse reactions associated with this vaccine since it's introduction?**

[INITIAL HERE] _____

- 5. Can you please confirm that the **vaccine you are advocating is NOT experimental mRNA gene altering therapy?**

[INITIAL HERE] _____

- 6. Can you please confirm that I will **not be under any duress from yourselves as my employers, in compliance with the Nuremberg Code?**

[INITIAL HERE] _____

- 7. Can you please advise me of the **likely risk of fatality, should I be unfortunate to contract Covid 19 and the likelihood of recovery?**

[INITIAL HERE] _____

Once I have received the above information in full, and I am satisfied that there is **NO threat to my health,**

I will be happy to accept your offer to receive the treatment, but with certain conditions – namely that [CHECK & INITIAL]:

- 1. You confirm in writing that I will suffer no harm.**

[INITIAL HERE]

- 2. Following acceptance of this, the offer must be signed by a fully qualified doctor who will take full legal and financial responsibility for any injuries occurring to myself, and/or from any interactions by authorized personnel regarding these procedures.**

[INITIAL HERE]

- 3. In the event that I should have to decline the offer of vaccination, please confirm that it will not compromise my position and that I will not suffer prejudice and discrimination as a result?**

[INITIAL HERE]

**I would also advise that my inalienable rights are reserved.
Thank you very kindly,**



EMPLOYEE Signature

Name: _____

Date: _____



EMPLOYER Signature

Name: _____

Date: _____