

## Workplace COVID-19 Vaccination Exemption – Counter Offer

If you are being forced to take the COVID Vaccine in order to keep your job, do NOT refuse to accept their “offer” and/or “requirement” for you to take it. Tell them you are NOT refusing to take the job and that you are willing to take it in order to maintain your employment after they provide you with the following safeguards and assurances:

To My Employer \_\_\_\_\_

I desire to maintain my employment. I am NOT refusing to take the COVID vaccine that you are requiring me to take in order to keep my job. It is my desire to be fully informed and appraised of ALL facts before going ahead. I will accept and receive the COVID vaccine after you provide me with the following information. Therefore, I am NOT refusing to accept your offer and/or requirement.

I will be most grateful if you will please provide me with the following information in writing, in accordance with statutory, legal, and lawful requirements.

1. Will you please advise me of the approved legal status of the COVID vaccine by providing me with authentic and official documentation from the FDA?
2. Will you please provide me with authentic and official documentation as to whether the COVID vaccine is experimental?
3. Will you please provide me with an official and complete list of the contents that are contained within the COVID vaccine, which you are requiring me to take in order to maintain my employment with you?
4. Will you please provide me with official documentation as to whether or not any of the contents within the COVID vaccine are toxic to animals or the human body?
5. Will you please provide me with a list of all the adverse reactions associated with the COVID vaccine since its introduction, including deaths?

6. Will you please provide official documentation that the COVID vaccine you are requiring me to take in order to maintain my employment is NOT an “experimental mRNA gene altering therapy”?
7. Will you please provide official, legal and lawful documentation that verifies and confirms your requirement that I receive the COVID vaccination in order to maintain my employment is NOT in violation of my Rights under the United States Constitution, Bill of Rights, Federal Civil Rights, Americans with Disabilities Act and/or Nuremberg Code?
8. Will you please provide me with official documentation concerning the possible and likely risk of me incurring any illness and/or fatality should I be unfortunate enough to contract COVID-19 or any other adverse reaction(s) as a result of receiving the COVID vaccine that you are requiring me to receive in order to maintain my employment?
9. Will you please provide me with official documentation concerning the likelihood of recovery should I incur any adverse reactions and/or illnesses as a result of receiving the COVID vaccination that you are requiring me to receive in order to maintain my employment?
10. Will you please provide me with official documentation, details and assurances that the COVID vaccine has been fully, independently and rigorously tested against control groups and the subsequent outcomes of those tests?
11. Will you please provide me with a written GUARANTEE that you will assume ANY and ALL legal, medical and financial burdens and responsibilities that might arise for me and/or my family as a result of me incurring any adverse reactions, injuries and/or death after I receive the COVID vaccine that you are requiring me to receive in order to maintain my employment?

Once I have received the above information in full and I am satisfied that there is NO threat to my health or to the wellbeing of my family, I will be happy to accept your offer to receive the treatment, but with certain conditions – namely that:

1. You confirm in writing that I will suffer no harm.
2. Following acceptance of this, the offer must be signed by a fully qualified doctor and insurance underwriter who will take full legal and financial responsibility for any injuries I might incur from the COVID vaccine and/or from any interactions by authorized personnel involved in carrying out the COVID vaccination procedures with me.
3. In the event that I should have to decline your offer for me to receive a COVID vaccine in order to maintain my employment due to your inability to provide the above requested safeguards and assurances, please confirm that my refusal to receive the COVID vaccine will not compromise my position, I will not lose my employment, and I will not suffer any prejudice, discrimination and/or workplace harassment as a result.

I reserve my Inalienable Rights, which are protected via number 7 above.

Thank You!

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PRINT

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SIGN

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DATE

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