



## LEGAL NOTICE – MEDICAL



Be informed that I am **exempt** from ALL REGULATION mandating face mask (RPD) usage in public. Based on medical criteria supported by verifiable testing and data, wearing a face mask poses a risk to my health, hygiene and mental well-being.

**A standard face mask is not a micron filter and cannot inhibit or prevent bacteria or viruses.**

Under the ADA (Americans with Disabilities Act, September 15, 2010) and HIPPA (Privacy Rule, 45 CFR Part 160 and subparts A & E of Part 164, March 26, 2013), I am NOT required to disclose my medical condition as covered in these confidentiality clauses.

**Department of Justice ADA Violation information line: 1-800-514-0301**

In accordance with the ADA, organisations, businesses or individuals can be held liable for any injury, inconvenience, loss of income, death or psychological distress pending legal proceedings citing consequential detrimental acts, effects, events or developments. Violations to rights under the ADA are subject to a first offence fine of up to \$75,000 and \$150,000 for any subsequent violation.

**Wearing a face mask is exceedingly hazardous, far greater than the threat of coronavirus.**

Oral bacteria build-up within a mask results in toxicity affecting the gums, throat and lungs. Covering the nose and mouth forces CO<sub>2</sub> recirculation, limiting the O<sub>2</sub> intake. Hypoxia (O<sub>2</sub> deprivation) and Hypercapnia (CO<sub>2</sub> rebreathing) impairs bodily and mental functions and can cause discomfort, drowsiness, work rate reduction, dizziness, headache, psychataxia, fatigue, disorientation, speech impairment, exhaustion, muscular weakness or twitching, paranoia, hyperventilation, depression, panic attack, syncopal episode or irregular heartbeat.

**A constant uninhibited air flow and oral cleanliness = disease prevention.**

In the event of a refusal to comply with this notice resulting in forced or coerced mask usage, the responsible party is required to sign this notice and accept FULL LIABILITY for any and all consequential physical or psychological health issues.

Name of Responsible Person: .....

Position of Responsible Person: .....

Signature of Responsible Person: .....

Date: .....

Name of Issuer of Notice: .....

Signature of Issuer of Notice: .....

Date: .....

**ATTENTION: GOVERNMENT AGENTS**

PLEASE PROVIDE THE OBLIGATORY LAWFUL CONSIDERATION BY SUPPORTING THE BEARER WITH THE UNIMPEDED

FULFILMENT OF THESE CONSTITUTIONALLY PROTECTED RIGHTS. THANK YOU FOR YOUR UNDERSTANDING.