

## DECLARATION FOR A MINOR PATIENT

**Stated by doctor:**

**Information given to patient:**

**Name:**

**Name:**

**Address:**

**Address:**

**Signature/date:**

**Signature/date:**

(Holder of parental authority or guardian)

I hereby declare, having informed my minor patient and the holder of parental authority, that according to my professional judgement the patient will not be subject to any considerable risk by receiving the below inscribed vaccine, and that the benefit of the below inscribed vaccine outweighs the possible risks of considerable side effect. Additionally, I declare that the below inscribed vaccine is not based on the RNA-technology, nor that it contains DNA, nano lipids, or heavy metals in any form.

(vaccine) \_\_\_\_\_

In this occasion, I have given the insert medical information sheet for the product, and in accordance with the patient and the holder of the parental authority gone through the risks of adverse events of consideration for the treatment of my patient by the above inscribed vaccine.

I am in knowledge of:

1. A search on ClinicalTrials.gov, a Homepage delivered by the National Institutes of Health (NIH) in USA, reveals that, more than 200 clinical trials based on the mRNA-technology are performed around the world for the purpose of producing mRNA-based treatment against the following diseases amongst others: Covid-19-boosters, Influenza-virus, Cytomegalovirus, HIV-1, Epstein-Barr virus, pneumococcal bacteria, RSV-virus, Human Papillomavirus and more (1).

Declaration for a minor patient

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Based on this information, and according to my professional judgement, it's my belief that my patient, who is otherwise healthy, will have overall benefits exceeding any risks, receiving this injection. Additionally, I hereby declare that this injection is free from mRNA, DNA, nano lipids, and heavy metals.

*The benefits for my patient are as follows (written in hand):*

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1

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2

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3

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*The risks for my patient are as follows (written in hand):*

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1

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2

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3

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According to the in handwritten inscribed benefits, I have informed my patient and the holder of parental authority, that the protection by the above inscribed vaccine will have effect as inscribed below concerning disease severity and duration.

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**Absolute percentage of protection (severity):**

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**Duration of protection (months):**

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1.

<https://clinicaltrials.gov/ct2/results?cond=Infectious+Disease&term=mRNA&cntry=&state=&city=&dist=>

Prepared by Active Civilians Denmark in collaboration with Children's Health Defense Europe. March 2023.