

From:

Date:

To Employer:

Dear _____,

I write with regard to the matter of my potential Covid-19 vaccine and my desire to be fully informed and appraised of ALL facts before going ahead. Please provide the following information, in accordance with statutory legal requirements:

1. Can you please advise the approved legal status of any vaccine and if it is experimental?
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?
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?
4. Can you please fully advise of all the adverse reactions associated with this vaccine since its introduction?
5. Can you please confirm that the vaccine you are advocating is NOT 'experimental mRNA gene altering therapy'?
6. Can you please confirm that I will not be under any duress from yourselves as my employers, in compliance with the Nuremberg Code?
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?
8. Can you please provide evidence that alternative treatments like Ivermectin and Hydroxychloroquine are all ineffective, and that the vaccine is the only option that will succeed against the virus?

Once I have received the above information in full and I am satisfied that there is NO threat to my health, I will 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 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.
3. You agree to undertake the necessary testing to monitor my health at no expense to me. The 3-part medical procedure protocol will be repeated in relation to any subsequent further Covid-19 vaccinations taken. This protocol includes:
 - a. Baseline Data (pre-vaccine) Health Status Verification:
 - Complete Medical Examination.
 - Extensive Laboratory Test Panel potentially including, SARS CoV-2 Antibody Test or T-Cell (Cytokine Release Assay) Test. D-Dimer / Sedimentation Rate / C - reactive protein / Troponin / CBC (Complete Blood Count) / CMP (Complete Metabolic Panel) / ECG / other tests as may be further identified as appropriate.
 - b. Covid-19 Vaccination (provisional acceptance, “without prejudice”).
 - c. Post Treatment Data (post-vaccine) Health Status Verification:
 - Examination and labs (similar to above, with modifications as required for the emerging symptom pattern):
 - Regular Timing Delay: As appropriate for individual tests / Max 14 Days post-vaccine injection(s)
 - Significant adverse effects occurring following the injection – immediate relevant exam/testing.
4. 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?

Sincerely,

Signed

Date