

Vaccine Safety Clause

Please complete and sign this clause before the vaccine can be administered.

Date: ___/___/___

Name of nurse/administrator/medical personnel _____

As a medical practitioner, I am held by The Hippocratic Oath.

“The first point of the Hippocratic Oath is to do no harm. I will use treatments for the benefit of the ill in accordance with my ability and my judgement, but from what is to their harm and injustice I will keep them”.

Please tick the answer YES or NO to the following questions:

I, the administer of the vaccine, have read the complete list of ingredients. YES NO

I have studied all of the ingredients in the vaccine and can say they are completely safe to administer. YES NO

I understand all of the ingredients in the vaccine and all of the possible side effects. YES NO

I understand the vaccine contains MRC-5 aborted fetal cells, or any other form of DNA. YES NO

I understand there is a possibility of an Iatrogenic Reaction (adverse reaction from multiple compounds or drugs interacting with each other) from the vaccine. YES NO

I hereby state that I have qualifications in chemistry and have studied chemistry to the level of understanding the chemical reactions that will occur as a result of the combination of ingredients within the vaccine. YES NO

I, the vaccine giver, may be held professionally and personally Responsible for any resulting medical complications as a result of the vaccine. YES NO

If the answer to any of the above questions is NO, then I agree that due to the Hippocratic Oath and my duty of care, which is to the patient, that I grant the parent/caregiver of the child the right to decline the vaccine today.

In the case of (Patient’s name) _____ age _____

Practitioner signature _____ Practice _____

Print practitioner’s name _____