To: Pharmacist/Nurse/Doctor/Vaccine Administrator

Name of person administering:……..

Title/position:……

Name of Company or Organisation administering:……

Patient's name:…….

Date:

Re: INFORMED CONSENT - COVID 19 VACCINATION

This is a medical procedure and as such is subject to informed consent laws. The duty and responsibility for ascertaining the quality of the consent rests upon the individual who initiates, directs, or engages in the experiment.

It is a moral and professional duty of the person administering the vaccine to provide the patient with sufficient knowledge and comprehension to make an understood and enlightened decision.

The COVID-19 vaccines are experimental and only authorized under an Emergency Use Authorization. They are not FDA approved in the US. They also only have provisional approval in Australia. This means that this vaccine has not been fully studied and we cannot be certain of all the impacts it could have on the recipient. There is no vaccine or other medical product, that is FDA approved for the prevention of COVID-19.

The vaccine does not prevent infection or prevent transmission of the SARS-CoV-2 virus.

As with any vaccine, it may not fully protect all those who receive it and it is not known how long the protection will last, if it does. Consequently, there may be further injections required and these may not offer protection.

POTENTIAL RISKS AND ADVERSE REACTIONS:
Vaccine Administers have Duty to Inform Recipients of Known and Unknown Risks of the Covid-19 Vaccines. Risks and possible adverse reactions of the COVID vaccination include but are not limited to:

- death,
- failure to prevent the disease being vaccinated against,
- anaphylaxis,
- irritation at the injection site,
- muscle soreness,
- tingling in the hand and/ or arm, bleeding from the injection site,
- other bleeding that may be life-threatening such as brain haemorrhage, internal bleeding, bleeding into the eye, gastrointestinal bleeding,
- neurologic complications including paralysis that may or may not completely resolve,
- focal paralysis such as Bell's palsy,
- transverse myelitis,
- Amyotrophic Lateral Sclerosis (Lou Gehrig's disease),
- headaches,
- breathlessness

- dementia
- dizziness,
- Prion diseases, also known as transmissible spongiform encephalopathies or TSEs
- narcolepsy (inability to remain awake),
- thrombocytopenia (lack of platelets that prevent bleeding)
- pancytopenia (lack of all blood elements such as red and white blood cells,
- infection,
- diarrhoea
- hearing and vestibular disorders, tinnitus
- herpes zoster-shingles
- capillary leak syndrome (CLS)
- tiredness and fatigue
- myocarditis/pericarditis - inflammation of the heart.
- Vomiting
- Angioedema
- urticaria
- miscarriage,
- blood clots both detectable and non-detectable

Additionally, problems may arise years after vaccinations. These issues may include "immune enhancement" in which case the vaccination may cause increased risk of severe or fatal worsening of COVID or other similar diseases and influenza like illnesses. Also, the risk of infertility, birth defects, and cancer is unknown, as well as the late onset of neurologic disorders and autoimmune diseases.

The benefit of this vaccination is an overall absolute risk reduction of negative outcomes of approximately 1%. The potential to have lesser severity of symptoms if you do catch COVID-19 (which may still happen) is also minimal.

FOR THE VACCINE ADMINISTRATOR: please tick as appropriate.

☐ I have supplied the patient with documentation relating to potential adverse reactions.

☐ I have informed the recipient of known and unknown risks of the Covid-19 Vaccines.

☐ I have supplied the recipient with a consent form and explained it's contents.

☐ I have advised the patient to check their **life insurance policy and/or health insurance** policy prior to the vaccination event. The client may or may not receive coverage for any adverse events including death if they elect to have Covid-19 injection.

☐ I have advised the patient that the vaccine will not guarantee protection against COVID-19 and that the vaccine does not prevent infection or prevent transmission of the SARS-CoV-2 virus.

☐ I have supplied the patient with information where they can review the available databases of material adverse events reported for people who have received Covid-19 injections.

☐ I have advised the patient that the pharmaceutical company supplying the vaccine is protected from liability in relation to injuries or deaths caused by experimental agents, eg, COVID-19 vaccine.

☐ I understand that companies, institutions, and individuals who administer experimental vaccines are not protected from liability.

Vaccine Administrator to sign here:……..

Patient to sign here if consenting to this injection.……

If you received the COVID-19 vaccination and were not made aware of this information, it may have been a violation of the law and you should consult with a legal professional.

NOTE TO BOTH PARTIES:

Before a planned medical procedure, the surgeon/doctor will ask you to read and sign a medical informed consent document. By signing the legal document, you give the surgeon/doctor permission to perform the procedure. However, the form is only legal if you have been adequately warned of and understand the risks and possible complications. Otherwise, you may be able to make a medical informed consent compensation claim.

A nurse or administrator may not get your consent—this has to come from the doctor.