

NOTE TO EMPLOYER:

As your employee, I request that you review this document, provide the requisite information, and sign the form, with regard to your requirement for your employees to be injected with a COVID19 experimental vaccine.

Please provide the following information...

Answer yes or no below each question, and tick the appropriate boxes below.

1. As an employee, I have a contract of employment. Please forward a copy, showing where it states that as a condition of employment I must consent to a medical procedure. Will you be providing this documentation?
2. Will you be providing me with worker's compensation insurance, disability insurance or any other resources in the event of an adverse event resulting from the covid19 vaccine which results in my inability to come to work for days, weeks, months or if I am permanently disabled?
3. 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. Also, there are no medicines approved by the TGA for the treatment of COVID19. Are you aware of this?
4. Vaccine recipients must be provided with vaccine specific information in order to help them make an informed decision. The vaccine manufacturers have fact and data sheets that apply to each brand of vaccine. These supply the most up to date information as well as the adverse events. Have you read and understood these and have you supplied these to me and to all of your other employees so that I/we can make an educated decision?
5. Have you reviewed the available databases of material adverse events reported to date for people who have had COVID19 injections/vaccines?
6. Are you aware of the potential risks and adverse reactions of the experimental vaccine?

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.

7. As you are mandating **a medical procedure as a condition of employment**, are you aware of the legal implications to you personally, the company and its directors?
8. Whereas pharmaceutical companies are protected from liability relating to injuries or death caused by experimental agents, **companies and all other institutions and individuals who mandate experimental vaccines on any human being are not protected from liability**. Are you aware that you enjoy no such protection?
9. There are certain contractual obligations relating to health/life insurance policies as stipulated in their PDS. The client may or may not receive coverage for any adverse events including death if they elect to have Covid-19 injection as it is experimental and not listed on the ARTG. Will you be providing this information?
10. Under the Nuremberg Code (the foundation for ethical medicine), no one may be coerced to participate in a medical experiment. The individual's consent is absolutely essential. No court has ever upheld a mandate for an experimental vaccine. Are you aware of this?
11. The Australian Federal Government cannot mandate a vaccine as it violates the Australian Constitution. Are you aware of this?
12. Are you authorised to issue an order under the Australian Biosecurity Act 2015?

13. The Criminal Code Act 1995 (Cth), which relates to interfering with political liberty states “Any person who, by violence or by threats or intimidation of any kind, hinders or interferes with the free exercise or performance, by any other person of any political right or duty shall be guilty of an offence” (s.83.4).

14. Personal medical information is subject to privacy laws. Will you be providing a request for any personal medical information?

15. If consent to the request for information (which must be in writing) is given, will you be explaining how this information will be treated? Please explain or show evidence.

Please read and tick...

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

Yes No

I understand that under the Anti-Discrimination Act 1977 of New South Wales and the Equal opportunity Act Commonwealth (EOA) and State/s, it is unlawful to request or require someone to supply information that could be used to form the basis of a discrimination.

Yes No

I understand that it is unlawful to ask questions about an employee’s/candidate’s personal attributes if they are irrelevant to their employed role.

Yes No

I am aware of my obligations under the Fair Work Act of Australia.

Yes No

Businesses are not allowed to make statements that are incorrect or likely to create a false impression. I am aware that I may be prosecuted under the ACCC laws pertaining to false or misleading claims.

Yes No

I understand that I may be held liable in the event of an adverse event or death resulting from the COVID19 injection/vaccine. I understand that this applies to the company, its representatives, and its directors.

Yes No

As the legally authorised representative of the employer/company, I have read all the above document and supplied all the information requested. I agree to 100% financial responsibility to cover any and all expenses relating to any adverse event or death resulting from the COVID19 injection/vaccine through insurance coverage or directly. In addition, I affirm that the employee will not be subject to termination should they decline the above injection, nor will there be any changes to their employment conditions, nor will there be any penalties for rejecting the vaccine, financial or otherwise.

Name of Company or Organisation:.....

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Name of person authorised representative:.....

Title/position:.....

Authorised representative's Signature:.....

Employee's name:.....

Employee's signature:.....

Date: