

Questions To Ask Before Accepting A Mandated Vaccine

This is how you do it without turning down the vaccine

Informed Consent

I write with regard to the matter of the potential COVID vaccine and my desire to be fully informed and appraised of all facts before going ahead. I would be most grateful if you could 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 its experimental?
2. Please provide details and insurances that the vaccine has been fully, independently and rigorously tested against control groups and the subsequent outcomes of the tests?
3. Can you please advise the entire list of contents of the vaccines I am to receive and if any of the ingredients 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 a 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 to 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?

Once I receive the above information in full and I am satisfied that there is no threat to my health, I will be happy to accept your offer to receive the treatment, but with certain conditions, namely:

- A. You confirm in writing that I will suffer no harm.
- B. 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.
- C. In the event that I should have to decline the offer for a vaccination, please confirm that it will not compromise my position and that I will not suffer prejudice and discrimination as a result. I would also advise that my inalienable rights are reserved.

Employer Liability Undertaking Form

Name of the Organization	
Name of the Officer of the Company, the Officer	
Date	Time

I, (name of individual demanding vaccination) _____, the Officer of the (Name of the Company) _____, the Entity, am with full authority acting for and on its behalf, running its affairs including managing employees' affairs as well as legal and financial obligations resulting from my decisions.

I attest to having the knowledge of and have obtained legal advice considering ALL laws, rules, mandates, treaties, policies, license requirements for my actions and that of the Entity, including but not limited to risks, benefits and its potential adverse effects, raised by several policy makers, prominent scientists and researchers partially referenced hereunder, to the Employee resulting from my decisions demanding employees of the Entity be vaccinated against what is known as "SARS-COVID-19" with experimental mRNA and viral vector vaccines, NOT approved by the FDA or Health Canada yet mandated by governments of the Province and/or Canada manufactured by Pfizer-BioNTech, Moderna, Johnson & Johnson and AstraZeneca.

I, personally and on behalf of the Entity, its management and shareholders, assume full, unconditional and irrevocable liability for any and all liability, legal and or financial, to our employees, including Mr/Ms _____ resulting from adverse effects or death attributed to the experimental vaccine.

This undertaking is signed voluntarily and under penalty.

The Officer's Signature	Entity's Seal
Witness 1	Witness 1