

EMPLOYEE/STUDENT VACCINATION NOTICE (choose one)

As a living flesh and blood employee or student of XYZ MEDICAL CENTER, INC, I declare the following:

My employer or school is requesting that I accept a flu shot vaccine as a condition of my employment or enrollment.

- 1) I am aware that since Supreme Court decision *Bruesewitz v. Wyeth* (Feb 22, 2011) those manufacturin, ordering and/or administering vaccines have been granted immunity from liability should I suffer from a vaccine caused injury or illness, such as Guillian Barre. The same decision defined vaccines as unavoidably unsafe. The Vaccine Injury Compensation Trust Fund is not an acceptable alternative to me. (Reason listed below - #7)
- 2) Enclosing the adverse effects of pharmaceutical products is common practice for pharmacists. So, unless I am provided the vaccine manufacturer's package inserts, I will not have been given the information I need to make an informed decision regarding the risks of taking the vaccine. CDC, public health, or other vaccine information sheets and/or websites are not acceptable alternatives. (Reason listed below - #4).
- 3) I am aware that vaccine recommendations have been established by the CDC and are promoted by public health departments and other various organizations. I do not recognize these corporations as health advocacy institutions. (Reasons listed below - #4 & #5)
- 4) I do not recognize the CDC as a government health advocacy organization. It is a corporation listed on Dun and Bradstreet and headquartered in the STATE OF GEORGIA, with strong ties to the pharmaceutical industry. Therefore, their recommendations are influenced by the 'fiscal' health of their own corporation.
- 5) I do not recognize the HEALTH, OHIO DEPARTMENT OF as a government health advocacy organization. It is listed on Dun and Bradstreet, is headquartered in COLUMBUS OH, has strong ties to the CDC and the pharmaceutical industry and receives monetary compensation to promote vaccines. Therefore, the state public health department's recommendations and actions are influenced by the 'fiscal' health of their own corporation.
- 6) I am aware of peer-reviewed scientific reports, such as *The vaccination policy and the Code of Practice of the Joint Committee on Vaccination and Immunisation (JCVI): are they at odds?*, which have provided proof that governments have been concealing the dangers of many vaccines as well as the "herd immunity myth".
- 7) I am aware that the corporation HEALTH & HUMAN SERVICES, UNITED STATES DEPARTMENT OF (listed on Dun and Bradstreet and headquartered in WASHINGTON DC) determines claims paid from the Vaccine Injury Compensation Trust Fund via a biased secret administrative process and also profits from vaccine patents.
- 8) I am unaware of any state statute that grants XYZ MEDICAL CENTER, INC, the authority to

require employees or applicants to take a pharmaceutical product (that is not warranted as either safe or effective by the manufacturer) as a condition of their employment or admission. If such a statute exists, please send me the name, number and effective date.

For the reasons I have listed and more, I cannot comply with XYZ MEDICAL CENTER, INC, vaccine request unless I am provided with the vaccine package insert, allowed to determine if the health risks are acceptable, and presented with a document stating that XYZ MEDICAL CENTER, INC, (not the Vaccine Injury Compensation Trust Fund) agrees to be financially responsible for any and all injuries, illnesses or losses (as defined by the International Medical Council on Vaccination) this vaccine might cause to a living flesh and blood man or woman.

NOTE: Please place this notice in my employee records file.

Name:

Address:

Signature:

Date

Witness:

Date:

Witness: Date:

Notice to agent is notice to principal - Notice to principal is notice to agent