

PHYSICIAN'S WARRANTY OF VACCINE SAFETY

(Physician's name, degree) _____, _____ am a physician licensed to practice medicine in the State/Province of _____.

My State/Provincial license number is _____ and my DEA number is _____. My medical specialty is _____ and I have a thorough understanding of the risks and benefits of all the medications that I prescribe for or administer to my patients.

In the case of (Patient's name) _____, age _____, whom I have examined, I find that certain risk factors exist that justify the recommended vaccinations.

The following is a list of said risk factors and the vaccinations that will protect against them:

Risk Factor _____

Vaccination _____

Risk Factor _____

Vaccination _____

Risk Factor _____

Vaccination _____

I am aware that vaccines may contain many of the following chemicals, excipients, preservatives and fillers:

- Aluminum hydroxide
- Aluminum phosphate
- Ammonium sulfate
- Amphotericin B
- Animal tissues: pig blood, horse blood, rabbit brain,
- Arginine hydrochloride
- Dog kidney, monkey kidney
- Dibasic potassium phosphate
- Chick embryo, chicken egg, duck egg
- Calf (bovine) serum
- Betapropiolactone
- Fetal bovine serum
- Formaldehyde
- Formalin
- Gelatin
- Gentamicin sulphate
- Glycerol
- Human diploid cells (originating from human aborted fetal tissue)
- Hydrocortisone
- Hydrolyzed gelatin
- Mercury thimerosal (thimerosal, Merthiolate(r))
- Monosodium glutamate (MSG)
- Monobasic potassium phosphate
- Neomycin
- Neomycin sulfate

Signed: _____ Date: _____