

# Vaccine Safety Clause

*Please complete and sign this clause before the vaccine can be administered.*

Date: \_\_\_ / \_\_\_ / \_\_\_

Name of nurse/administrator/medical professional \_\_\_\_\_

As a medical practitioner, I am held by The Hippocratic oath.

*“The first point of the Hippocratic is to do no harm. And I will use treatments for the benefit of the ill in accordance with my ability and my judgment, but from what is to their harm and injustice I will keep them.”*

Please tick the answer Yes, or No to the following questions:

I the administer of the vaccine have read the list of ingredients Yes | No

I have studied all of the ingredients in the vaccine and can say they are safe to administer: Yes | No

I understand all of the ingredients in the vaccine and the possible side effects: Yes | No

I understand the vaccine contains MRC-5 aborted fetal cells, or any other form of DNA. Yes | No

I understand there is a possibility of an Iatrogenic Reaction (adverse reaction from multiple compounds or drugs interacting with each other) from the vaccine Yes | No

I hereby can also prove I have qualifications in chemistry and have studied chemistry to the level of understanding the chemical reactions that will occur as a result of the combination of ingredients within the vaccine Yes | No

I the vaccine giver will not only be held professionally and personally responsible for any resulting medical complications as a result of this vaccine. Yes | No

*If the answer is No to any of the above, then we agree that due to the Hippocratic oath and my duty of care, which is to the patient, that I grant the patient the right to decline the vaccine today*

In the case of (Patient's name) \_\_\_\_\_ Age \_\_\_\_\_

Signed \_\_\_\_\_

Practice \_\_\_\_\_