

# 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, whilst also 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 complete list of ingredients Yes | No

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

I understand all of the ingredients in the vaccine and all of 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 parent/care giver of the child the right to decline the vaccine today*

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

Parents name \_\_\_\_\_

Signed \_\_\_\_\_

Practice \_\_\_\_\_