

Notice of Conditional Acceptance

Dear Dr. _____,

Thank you for insisting that I receive the Covid-19 (Corona) vaccine, your concern for my welfare is most touching.

I am happy to receive this and any such vaccines that you care to administer, on the condition that you provide the following:

1. At least, one double-blind, placebo-controlled study that proves the safety and effectiveness of vaccines.
2. Scientific evidence on any study which confirms the long-term safety and effectiveness of vaccines.
3. Scientific evidence which proves that any disease reduction at any point in history was directly attributable to vaccination of a population.
4. Scientific justification as to how injecting a human being with a confirmed neurotoxin is beneficial to human health and prevents disease.
5. Scientific justification on how bypassing the respiratory tract or mucous membrane is advantageous and how directly injecting viruses into the bloodstream enhances immune functioning and prevents future infections.
6. Scientific justification on how a vaccine would prevent viruses from mutating.

And finally since it is my understanding that vaccines actually place the recipient at risk of developing a wide range of diseases and conditions, you are also required to return the enclosed Liability Statement, completed and signed in the presence of three witnesses.

Please respond with substance and the requested proofs of claim within seven (7) days, failure to do so will be deemed to mean that no such proofs exist and that it is your medical opinion that the proposed vaccination is **not safe**.

Yours Sincerely,

Liability Statement

I, Dr. _____ as the physician administering the Covid-19 (Corona) vaccine, have thoroughly examined the patient, Mr./Mrs./Miss. _____ and have determined that the patient does not have any of the conditions listed below.

COVID-19 (Corona Virus), allergic reactions, ADHD, autism, AIDS, cancer, pneumonia, encephalitis, meningitis, hepatitis, Epstein-Barr disease, encephalopathy, febrile convulsions, non-febrile convulsions, paralytic poliomyelitis and Guillain- Barré syndrome.

I therefore accept full responsibility and full commercial liability should the patient be subsequently diagnosed with any of the following conditions as a result of receiving this vaccine:

Signed in the presence of three witnesses:

Dr. Signature

Date

Witness Signature

Address

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Witness Signature

Address

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Witness Signature

Address

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