

## THE VACCINATION NOTICE FOR PHYSICIANS OR HOSPITALS

### For parents and/or patients

Before submitting a vaccination notice to your physician or hospital, request the package insert for the vaccine they wish to give. Do not accept Centers for Disease Control (CDC) Vaccine Information Sheets as a substitute. The CDC readily admits that these sheets are not designed to be a substitute for informed consent. Be prepared for resistance. Understand that generally there are monetary incentives for both the physician and the hospital to get as many as possible vaccinated. After reading the package insert (you will be shocked), politely tell the nurse or doctor that you are not comfortable with the risks.

### Refusal to Vaccinate

If asked to sign a *Refusal to Vaccinate* form, decline the offer. If they insist, say you will take it home and discuss it with your family. Then go to [ParentsAgainstMandatoryVaccines.net](http://ParentsAgainstMandatoryVaccines.net) and put **Do Not Sign** in the search box. The form and its implications are spelled out in detail. Many physicians are inclined to eliminate children from their practice if the parent refuses vaccines and refuses to sign their form. These physicians have been told that the *Refusal to Vaccinate* form will protect them from being sued should a child get one of the many "dread diseases" (not) the vaccines are supposed to prevent. The *Refusal to Vaccinate* form was designed to protect the physician and put the parent in jeopardy. Giving the physician a Vaccination Notice should break this stale mate.

### Let's Make a Deal

The Vaccination Notice is designed to inform the doctor or hospital the reasons you are opposed to the vaccine, but that you will consent if they agree to accept the liability - in writing, **which their lawyers would never let them do**. The **VACCINATION NOTICE FOR PHYSICIANS AND HOSPITALS (a)** was designed for parents to use and the **VACCINATION NOTICE FOR PHYSICIANS AND HOSPITALS (b)** was designed for adult patients to use.

The statements listed on the notice are factual and easy to validate. This approach should help put an end to the harassing discussions that physicians and others inflict on vaccine-savvy parents and patients.

### FILLING OUT THE NOTICE

1. Items in [brackets] need to be personalized.
2. Select son or daughter as applicable.
3. Corporate entities need to be in all caps.
4. The health department of each state is listed in its corporate name in all caps on Dun and Bradstreet. That information is accessible for free online.
5. At the bottom of the notice is a space for the parent's signature and the signature of two witnesses. Of course the dates need to be identical. A notary is an acceptable alternative.

**It is essential to read, understand and agree with the notice before you sign and deliver it.**

### DELIVERING THE NOTICE

This notice requires little discussion. Just hand it to the nurse or doctor. Politely explain that you are not comfortable with the vaccine risks and wish to have this notice placed in [the child's or your] record so you don't have to bring in a new one each time you visit. If asked where you obtained the document, simply say from another parent or patient, which is true. Giving more information is neither required nor advisable. Citing websites or vaccine-savvy organizations just motivates those in the vaccination-distribution business to track down and discredit folks that are doing their best to bring good information to the public. Frankly, where you get your information is none of their business.

Do not answer detailed questions about your objections to any vaccine. Just repeat what is on the notice; "I will consent to the vaccine, if you will accept the liability". Keep a copy for yourself and write the date and the name of the employee who accepted it.

Should the clerk, doctor, or nurse refuse to accept your notice, remind them that legal notices are an integral part of our legal system. Write the date and the name of the individual who rejected it on the notice. Then take the notice home and send it certified mail (with return receipt) to the doctor's office, with a Post-It stating: *for Joey Doe's patient chart* Keep a copy of the notice with the Certified Mail number on it.

**VACCINATION NOTICE FOR PHYSICIANS OR HOSPITALS (a)**  
**Notice to agent is notice to principal - Notice to principal is notice to agent**

As the living flesh and blood mother of [Sally Doe], born on [6-5-10] and who lives with me at [2525 Maple Lane, Grove City, Ohio (no zip)], I am prohibited by law from endangering my [son or daughter]; therefore I declare the following:

- 1) I am aware that those ordering and/or administering vaccines have been granted immunity from liability should my [son or daughter] suffer from a vaccine caused injury or illness. Since the Supreme Court decision *Bruesewitz v. Wyeth* (Feb 22, 2011), drug companies are under no legal obligation to insure their vaccine products are either safe or effective. The same decision defined vaccines as unavoidably unsafe. Vaccine manufacturers pay nothing into National Vaccine Injury Compensation Program, so it is not an acceptable alternative to me. (Reason listed below - #9)
- 2) Unless I receive the vaccine manufacturer's package inserts, I have not been given full disclosure regarding any vaccine. Centers for Disease Control (CDC) or public health Vaccine Information Sheets and/or websites are not acceptable alternatives. (Reasons listed below - #4 & #5)
- 3) I am aware that vaccine schedules have been established by the CDC and are promoted by public health departments, the AMERICAN ACADEMY OF PEDIATRICS and other organizations. I do not accept CDC recommendations as science-based. (Reasons listed below - #4 & #6)
- 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 through the CDC Foundation. Therefore, their recommendations are influenced by the fiscal health of their corporation.
- 5) I am aware that the [HEALTH, OHIO DEPARTMENT OF], a corporation headquartered in [COLUMBUS OH] and listed on Dun and Bradstreet, receives monetary compensation from the CDC to promote vaccines. Therefore, the state public health department's recommendations and actions are influenced by the fiscal health of their corporation.
- 6) I do not recognize the AMERICAN ACADEMY OF PEDIATRICS or the AMERICAN ACADEMY OF FAMILY PHYSICIANS as health advocacy organizations. They are both trade organizations and corporations (listed on Dun and Bradstreet) that are headquartered in the STATE OF ILLINOIS and the STATE OF KANSAS respectively, whose monetary compensation from vaccine manufacturers contributes to the fiscal health of their corporations.
- 7) I am aware that physicians and hospitals are paid higher reimbursement rates for administering vaccines.
- 8) I am aware of multiple scientific peer-reviewed papers that have exposed the dangers of many vaccines as well as the herd immunity myth.
- 9) I am aware that the corporation HEALTH & HUMAN SERVICES, UNITED STATES DEPARTMENT OF, listed on Dun and Bradstreet and headquartered in WASHINGTON DC, profits from vaccines patents and determines claims paid from the National Vaccine Injury Compensation Program via a secret administrative process.
- 10) I have concluded that following the CDC vaccination recommendations can endanger the health or life of my [son or daughter].

For the reasons I have listed, I do not consent to anyone administering any vaccine to my [son or daughter] unless they provide me with the vaccine package insert for each vaccine they wish to administer, allow me to determine if the health risks are acceptable, and sign a document stating that they, in their professional and/or personal capacity, not me (nor my [husband or wife]) accept the responsibility and costs for any injury or illness, as defined by the International Medical Council on Vaccination, the vaccine they administer might cause my [son or daughter].

*NOTE: This document can be used to protect those that administer vaccines (physicians, nurses or others - or are obliged to adhere to corporate statutes - from any punitive statutory actions or penalties.*

Mother or Father's name(s): \_\_\_\_\_

Mother or Father's signature(s) \_\_\_\_\_

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**VACCINATION NOTICE FOR PHYSICIANS OR HOSPITALS (b)**

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

As a living flesh and blood [man or woman], born on [2-17-90] and living at [2525 Maple Lane, Grove City, Ohio (no zip)], I declare the following:

- 1) I am aware that those ordering and/or administering vaccines have been granted immunity from liability should I suffer from a vaccine caused injury or illness. Since the Supreme Court decision *Bruesewitz v. Wyeth* (Feb 22, 2011), drug companies are under no legal obligation to insure their vaccine products are either safe or effective. The same decision defined vaccines as unavoidably unsafe. Vaccine manufacturers pay nothing into National Vaccine Injury Compensation Program, so it is not an acceptable alternative to me. (Reason listed below - #9)
- 2) Unless I receive the vaccine manufacturer's package inserts, I have not been given full disclosure regarding any vaccine. Centers for Disease Control (CDC) or public health Vaccine Information Sheets and/or websites are not acceptable alternatives. (Reasons listed below - #4 & #5)
- 3) I am aware that vaccine schedules have been established by the CDC and are promoted by public health departments, the ACADEMY OF FAMILY PHYSICIANS and other organizations. I do not accept CDC recommendations as science-based. (Reasons listed below - #4 & #6)
- 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 through the CDC Foundation. Therefore, their recommendations are influenced by the fiscal health of their corporation.
- 5) I am aware that the [HEALTH, OHIO DEPARTMENT OF], a corporation headquartered in [COLUMBUS OH] and listed on Dun and Bradstreet, receives monetary compensation from the CDC to promote vaccines. Therefore, the state public health department's recommendations and actions are influenced by the fiscal health of their corporation.
- 6) I do not recognize the AMERICAN ACADEMY OF FAMILY PHYSICIANS as a health advocacy organization. It is a trade organization and corporation (listed on Dun and Bradstreet) and headquartered in the STATE OF KANSAS, whose monetary compensation from vaccine manufacturers contributes to the fiscal health of its corporation.
- 7) I am aware that physicians and hospitals are paid higher reimbursement rates for administering vaccines.
- 8) I am aware of multiple scientific peer-reviewed papers that have exposed the dangers of many vaccines as well as the herd immunity myth.
- 9) I am aware that the corporation HEALTH & HUMAN SERVICES, UNITED STATES DEPARTMENT OF, listed on Dun and Bradstreet and headquartered in WASHINGTON DC, profits from vaccines patents and determines claims paid from the National Vaccine Injury Compensation Program via a secret administrative process.

For the reasons I have listed, I do not consent to anyone administering any vaccine to me unless they provide me with the vaccine package insert for each vaccine they wish to administer, allow me to determine if the health risks are acceptable, and sign a document stating that they, in their professional and/or personal capacity accept the responsibility and costs for any injury or illness, as defined by the International Medical Council on Vaccination, the vaccine they administer might cause me.

*NOTE: This document can be used to protect those that administer vaccines (physicians, nurses or others - or are obliged to adhere to corporate statutes - from any punitive statutory actions or penalties.*

Name: \_\_\_\_\_

Signature(s): \_\_\_\_\_

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_