

Warranty of Vaccine Safety

I (doctor's name, degree) _____, am a physician/medical doctor licensed to practice medicine in **Queensland**.

My registration number is _____

My medical specialty is _____

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

Risk factor/vaccination

I am aware that vaccines typically contain many of the following fillers and adjuvants:

- aluminium hydroxide
- aluminium phosphate
- ammonium sulphate
- amphotericin B
- animal tissues: pigs blood, horse blood, rabbits brain, broth of cows brain
- dog kidney, monkey kidney,
- chick embryo, chicken egg, duck egg
- calf (bovine) serum
- betapropiolactone
- fetal bovine serum
- formaldehyde
- formalin
- gelatin
- glycerol
- human diploid cells (originating from human aborted foetal tissue)
- hydrolized gelatin
- mercury (thimerosal/thiomersol)
- monosodium glutamate (MSG)
- neomycin
- neomycin sulphate
- phenol red indicator
- phenoxyethanol (anti-freeze)
- potassium diphosphate
- potassium monophosphate

- polymyxin B
- polysorbate 20
- polysorbate 80
- porcine (pig) pancreatic hydrolysate of casein
- residual MRC5 proteins
- sorbitol
- sucrose
- tri(n)butylphosphate
- VERO cells, a continuous line of monkey kidney cells, and
- washed sheep red blood, and, hereby, warrant that these ingredients are safe for injection into the body of my patient. Reports to the contrary, such as reports that mercury in thimerosal/thiomersal may cause severe neurological and immunological damage, are not credible.

I am aware that some vaccines have been found to have been contaminated with Simian Virus 40 (SV 40) and that SV 40 is causally linked by some researchers to non-Hodgkin's lymphoma and mesotheliomas in humans as well as in experimental animals.

I hereby give my assurance that the vaccines I employ in my practice do not contain SV 40 or any other live viruses.

Alternately, I hereby give my assurance that said SV-40 virus or other viruses pose no risk whatsoever to my patient.

I hereby warrant that the vaccines I am recommending for the care of (patient's name) _____ do not contain any tissue from aborted human babies (also known as "foetuses").

In order to protect my patient's well being, I have taken the following steps to guarantee that the vaccines I will use will contain no damaging contaminants.

STEPS TAKEN:

I have personally and extensively investigated the causes for adverse vaccine reaction and I'm certain that the vaccines I am recommending are completely safe for administration to a child under the age of 5 years.

I am aware that (patient name) is a conscientious objector in the matter of vaccinations and has not given valid consent¹ as required by dot point 2, of section 1.3.3 [page 12] of *The Australian Immunisation Handbook 9th Edition*.

I also warrant that the mandated and forced vaccination/s by [Queensland Health Department](#) for(patient name), will not cause (patient name) any adverse reactions as listed in either section 1.5.2² [Adverse events following immunisation] and Appendix 6³ [Definitions of adverse events following immunisation] of *The Australian Immunisation Handbook 9th Edition*.

The following double blind, placebo, controlled studies have been performed to demonstrate the safety of vaccines in children under the age of 5 years.

In Case of Hep B Vaccine.

"Physician's reasons for determining the invalidity of adverse scientific opinions."

Hepatitis B

I understand that 60% of patients who are vaccinated for Hepatitis B will lose detectable antibodies to Hepatitis B within 12 years.

I understand that 50% of patients who contract Hepatitis B develop no symptoms after exposure.

I understand that 30% will develop only flu-like symptoms and will have lifetime immunity.

I understand that 20% will develop the symptoms of the disease, but that 95% will fully recover and have lifetime immunity.

I understand that 5% of the patients who are exposed to Hepatitis B will become chronic carriers of the disease.

I understand that 75% of the chronic carriers will live with an asymptomatic infection and that only 25% of the chronic carriers will develop chronic liver disease or liver cancer, 10-30 years after the acute infection.

In addition to the recommended vaccinations as protections against the above cited risk factors, I have recommended other non-vaccine measures to protect the health of my patient and have enumerated said non-vaccine measures on exhibit D, attached hereto, "Non-vaccine measures to protect against risk factors."

I am issuing this physician's/doctor's **Warranty of Vaccine Safety** in my professional capacity as the attending physician/doctor, to (patient's name)

_____.

Regardless of the legal entity under which I normally practice medicine, I am issuing this statement in both my business and individual, personal capacities and hereby waive any statutory, Common Law, Constitutional, UCC, International Treaty, and any other legal immunities from liability lawsuits in the instant case.

I issue this document of my own free will after consultation with competent legal counsel whose name is _____, an attorney/lawyer/barrister, admitted to the Bar in the State of _____

_____ (Name of attending physician/ doctor)

_____ under my full commercial liability. (Signature of attending physician/doctor)

Signed on this _____ day of _____ A.D. _____

Witness Signature: _____ Date: _____

Witness name: _____ (Please print full name)

Notary Public: _____ Date: _____
solicitor/barrister: _____

Note:

Any information herein is for educational purpose only, it may be news related, purely speculation or someone's opinion.

None of the above should be construed to be legal or medical advice.

Always consult with a trusted, qualified health and legal practitioner before deciding on any course of action or treatment, especially for serious or life-threatening illnesses.

Please always do your own research to ensure the truth or otherwise of the above statements.

Excerpts from *The Australian Immunisation Handbook 9th Edition* -

¹1.3.3 Valid consent

Valid consent can be defined as the voluntary agreement by an individual to a proposed procedure, given after appropriate and reliable information about the procedure, including the potential risks and benefits, has been conveyed to the individual.³⁻⁷

For **consent to be legally valid**, the following elements **must be present**:⁸

- It must be given by a person with legal capacity, and of sufficient intellectual capacity to understand the implications of being vaccinated.
- It **must be given voluntarily**.
- It can only be given after the relevant vaccine(s) and their potential risks and benefits have been explained to the individual.
- The individual must have sufficient opportunity to seek further details or explanations about the vaccine(s) and/or their administration.

Consent should be obtained before each vaccination, once it has been established that there are no medical conditions that contraindicate vaccination.

²1.5.2 Adverse events following immunisation

³Appendix 6: Definitions of adverse events following immunisation