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**COVID-19 Vaccine Declination Form**

I have received a direction or recommendation to receive the COVID-19 vaccination.

I note that the Therapeutic Goods Administration (“TGA”) has granted provisional registration for the AstraZeneca, Johnson & Johnson, Moderna and Pfizer COVID-19 vaccines.

1. Information on the COVID-19 vaccines includes:

* TGA Public Assessment Reports and Product Information.
* TGA and Ausvaxsafety monitoring information.
* Information from international regulatory and monitoring agencies.
* Relevant scientific literature, including studies by the vaccine manufacturers and scientific research into various aspects of the vaccines, COVID-19 and SARS-CoV-2.

1. The information clearly shows:

* The vaccines are in experimental phase – trials are incomplete and approvals were given without complete safety and efficacy data being available.
* The vaccines are far from safe – a rapidly growing database of over a million reports of injuries including anaphylaxis, thrombosis and coagulation disorders, heart problems such as myocarditis and pericarditis, neurological damage, strokes, paralyses and convulsions and well over a hundred thousand deaths worldwide.
* There are on average more deaths per day linked to the vaccines than to COVID-19.
* The vaccines are ineffective – evaluation of clinical trial risk reduction reveals the true effectiveness of the vaccines to be negligible (~1%), and the vaccines do not prevent or reduce viral transmission.
* The vaccines therefore fail to meet the basic performance criteria required of vaccines and are incapable of managing the spread of COVID-19.
* Further, the vaccines are unnecessary – a normal healthy body’s immune system can manage coronaviruses including COVID-19, and this is reflected in the 99.9% recovery rate for people under 70.
* Any method of operation which utilises the body’s natural functions to manufacture large volumes of toxic spike proteins is inherently dangerous and may amount to a criminal biological weapon.
* Other vaccine unknowns are the duration and effect of vaccine protection, the concomitant use of with other drugs and vaccines, effect on pregnant women and lactating mothers, the immune-compromised, paediatric subjects (< 16 years old), elderly subjects (> 85 years old) and the Aboriginal and Torres Strait Islander population.

1. Other relevant considerations are:

* The vaccine manufacturers and medical staff inoculating me are fully indemnified by the Commonwealth, but it remains unclear if I am insured or could be adequately compensated for potential life-threatening injuries.
* The vaccine manufacturers have a history of criminal conduct including charges and convictions for falsifying scientific data, bribery and health care fraud.
* The Commonwealth Government has made it abundantly clear that vaccination against COVID-19 will be voluntary for the Australian public and no disincentives will apply (e.g. denial of financial benefits), and any vaccine mandate will break that promise.
* As the vaccines are ineffective in preventing the spread of disease, employers and occupiers need to consider alternative health and safety measures to manage this low-risk illness, for example, anti- viral treatments that have proven safe over time, which provide protection against SARS-CoV-2 as well as treating the symptoms of Covid-19.
* The origins of the virus are unknown and there is significant evidence that it may have been manufactured for potential biological warfare purposes. Australia is part of a continuing international review into origins of the virus.

1. Numerous laws, regulations and policies protect the right of informed consent in receiving a vaccine or any medical procedure, including:

* The Commonwealth Constitution which prohibits civil conscription in medical and dental services (s.51(23A)).
* The *Biosecurity Act 2015* (Cth) which prohibits vaccination or treatment without meeting the stringent requirements of an individual Human Biosecurity Control Order (s.92), and prohibits the use of force for vaccination (s.95).
* The UNESCO *Statement on Bioethics and Human Rights*, which states “Any preventative diagnostic and therapeutic medical intervention is only to be carried out with the prior free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason, without disadvantage and without prejudice” (Art.6).
* The *Criminal Code Act 1995* (Cth), which relates to interfering with political liberty states “Any person who, by violence or by threats or intimidation of any kind, hinders or interferes with the free exercise or performance, by any other person of any political right or duty shall be guilty of an offence” (s.83.4).
* The official Australian *Immunisation Handbook*, which states that for consent to be legally valid, “It must be given voluntarily in the absence of undue pressure, coercion or manipulation.” (s.2.1.3).
* The *Nuremberg Code*, which states “The voluntary consent of the human subject is absolutely essential” (Art.1).

1. As an employee, considerations include:

* Uncertainty about whether vaccinations and vaccine injuries are covered by occupational health and safety legislation and whether the relevant workers’ compensation scheme in my State or Territory will apply or be adequate.
* Lack of adequate safety and efficacy data, which means my employer is simply not in a position to assess the risks and benefits of vaccination, nor the extent of their liability for compensation if I am injured as a result.
* Pressures from government on employers, raising concerns that my employer may not give fair consideration to my medical exemption (if any), and may discriminate, bully and/or take adverse action against me and duress at the prospect of potentially losing my job if I refuse the vaccine.

1. As a child under the age of 16 years, considerations include:

* No coercion, pressure and subversive tactics are to be applied to procure my consent, and the informed consent from my parents or legal guardian is also required.
* Lack of any safety and efficacy data for vaccination of children means that my school principal and teachers are simply not in a position to assess the risks and benefits, nor the extent of their liability for compensation if I am injured as a result.
* Any government mandates that allow the forced vaccination of children are unconstitutional under s.51(23A), despite any purported authority under Commonwealth, State or Territory laws.

1. Therefore, I firmly believe that:

* I will be exposed to an unreasonable risk of harm for which no suitable remedy, compensation and/or indemnification exists if I receive a COVID-19 vaccination.
* COVID-19 vaccination is unnecessary and does not reduce infection or transmission risk.
* I am entitled in law and conscience to decline a COVID-19 vaccination.

**I hereby decline and refuse the COVID-19 vaccination.**

**I hereby decline and refuse the COVID-19 vaccination. A link to a detailed 114 page paper on risks can be found** [**here**](https://ac19bbe2-4102-4352-8ff3-999101707ad4.filesusr.com/ugd/e12357_d7c1907d83b646a383c5e8bea40f46dc.pdf) **for your reading.**

By signing this form, I hereby declare and acknowledge that I have read and fully understand the information on this declination form.

• Name of Person:

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

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

**• Informed Consent:**

I am the above-named person signing this form. I am at least 16-years of age and with full knowledge to the possible risks of receiving the COVID-19 vaccine, I refuse to provide informed consent.

I am the legal guardian/enduring medical power of attorney of the above-named person and I am signing this form on behalf of the above-named individual in acknowledging the possible risks of receiving the COVID-19 vaccine and their refusal to provide informed consent.

• Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Student COVID-19 Vaccine Declination Form**

To Whom it May Concern (Principal, Doctor, Nurse, Teacher )

I am expressing my will as a student of (name of school) to NOT comply to the matter of being subjected to the COVID 19 injection.   
  
This decision is final and non-negotiable.   
  
I am NOT to be questioned, intimidated, persecuted, coerced and/or discriminated against because of my parent’s / guardian’s and my personal decision. Any engagement of this nature will be documented and reported to my parent/guardian for possible further investigation by the appropriate authorities.  
  
I DO NOT consent to receiving the COVID 19 injection and repeat that NO discussion is to be entered into regarding my decision.   
  
  
Finally, my parents and I request that I be treated with respect regarding my right to decide any medical intervention on my person.

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| Guardian’s signature: |  | Student’s signature: |  |
| Guardian’s Name: |  | Student’s Name: |  |
| Dated: |  | Dated: |  |