

NOTICE TO ALL ADMINISTRATORS AND "ENFORCERS" OF "MANDATORY" VACCINATIONS

**REFUSAL OF VACCINATION/S FOR CAUSE**

Let it be known that I, \_\_\_\_\_, and my family members, on this day of, \_\_\_\_\_, \_\_ 2021, in \_\_\_(address city state)\_\_\_ am of sound mind and entitled to freedom from coercion.

This document is addressed to the following persons presented to me in the process of attempting to coerce my (and/or my family's) participation in a potentially harmful to lethal vaccination program:

**PRESENTATION TO CITIZEN ON:**\_\_\_\_\_ (Date) \_\_\_\_\_ (Time)

**PROGRAM TITLE (if any):**

\_\_\_\_\_

**AUSTRALIAN GOVERNMENT OFFICER:**\_\_\_\_\_

**STATE AGENCY OR OFFICER:**\_\_\_\_\_

**PRIMARY MEDICAL STAFF**

**SECONDARY MEDICAL STAFF**

\_\_\_\_\_

\_\_\_\_\_

*(print name, title / date & request that they initial)*

\_\_\_\_\_

**PRIMARY NON-MEDICAL STAFF**

**SECONDARY NON-MEDICAL STAFF**

\_\_\_\_\_

\_\_\_\_\_

*(print name, title / date & request that they initial)*

\_\_\_\_\_

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EMPLOYER

SCHOOL ADMINISTRATOR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*(print name, title / date & request that they initial)*

\_\_\_\_\_

**I DO NOT CONSENT to vaccination of myself or my children for the following reasons:**

- I know that under current law all physicians and healthcare workers must have my consent to administer medicine and/or vaccination(s) to me. My consent for myself and my family is hereby denied and refused.
- You may not vaccinate me or my children. If you try, I will exercise my right to self-defense against you (and your accomplices) to the extent I deem necessary for the protection of myself and my family.
- Forced vaccination is not authorized or permitted under Law. If there is a code or statutory "mandate" for forced medication, it is unconstitutional, unlawful and unenforceable.
- You may not attempt or threaten non-consensual vaccination, and if you do, you will be dealt with in a manner to restore rule of law, justice and to protect our right to personal physical security and medical autonomy.
- You may feel as though you are protected by legal immunity from the harm you cause by your vaccinations. Any such immunity is unethical and has the effect of removing or obstructing remedy to me for any harm you may cause. If you were to provide medical treatment to me or my family, you would have to verify that you are fully accountable and responsible for any harm you cause. I have seen no such verification.
- I know that if someone is not a licensed physician, such as a legislator, employer, bureaucrat, school administrator or other, they may not administer medicine at all, much less "mandate" medical treatments for the general population or any group.
- Your ignorance of vaccine hazards and medical rights and your inability to understand the facts above do not give you any immunity or any license to commit the crime of forced or non-consensual medication.

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- I know that, in many cases, it is possible to mitigate and control contagious diseases with safer and more effective means than vaccination and therefore vaccination is often unnecessary.
- I know that in many cases vaccines cause more harm than the disease they are intended to prevent.
- Anyone who claims privilege to inject materials into my body without my consent is wrong, is my enemy and is criminal and is subject to deterrence by any means necessary.
- I will treat anyone who threatens to violate my body as a criminal assailant.
- I do not know what is in your vaccine and, probably, neither do you.
- I know that most vaccines have not been tested or proven safe.
- I do not believe your vaccine, or any vaccines produced at this time in history, are fully tested and/or proven safe.
- I know that vaccines are so hazardous that the vaccine industry lobbied the US Congress extensively, and wrongly received immunity from the harm their vaccines are causing. This immunity has wrongly been expanded to include most of the international community.
- I know that vaccines kill hundreds of thousands of children and adults every year, and the National Vaccine Injury Compensation Fund in the US was created to divert thousands of personal injury lawsuits into a non-judicial taxpayer subsidized system that would produce lower settlements, obstruct access to remedy and cause pharmaceutical companies to have no incentive for safety of their products.
- I know that taxpayers in the US have paid billions of dollars to families whose members were injured or killed by vaccines through the National Vaccine Injury Compensation Fund and other settlements. To incur such risk must be my choice, not yours.
- I know that many vaccines have been found to contain toxic accelerating adjuvants to shock the immune system, foreign animal and human proteins (DNA), and highly toxic heavy metals. For these reasons, injections may not be forced.
- I know that toxic contamination is also present in vaccines today, yet could be prevented, which suggests intentional contamination.

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- I know that many vaccines are not effective and actually cause the ailment they are purported to mitigate or other auto-immune diseases many years later that would not be present without prior vaccination (numerous credible studies have shown these causal links).
- I know that vaccines contain adjuvants to “shock” the immune system into an extreme response. This causes a biological system “crisis” which includes stress and damage to the immune system, the circulatory system (blood integrity) and the entire body.
- I know that vaccine death and injury statistics and related information are suppressed and censored by transnational corporate-controlled media, which continues to receive billions of dollars in advertising revenue from the pharmaceutical industry year after year.
- I know that vaccine death and injury statistics and information are suppressed by government regulatory agencies which are demonstrably “captured” and controlled by the pharmaceutical industry. Executives of these agencies are selected by “revolving door” mechanisms controlled by transnational pharmaceutical corporation executives, loyalists and industry lobbyists which has resulted in a highly corrupt industry and regulatory structure and countless inexcusable deaths and injuries.
- I am aware of reports that vaccine experiments have caused millions of cases of polio, sterility, paralysis and other diseases and injuries especially in India, Asia, Africa, the Philippines and other locations, and that The Gates Foundation (and other related NGO's) have been banned from India and other nations for the vaccination harms they have perpetrated.
- I do not trust the vaccine industry, government agencies or international agencies which seem to be acting on behalf of vaccine sales and promotion while suppressing information of vaccine hazards and harm.

**FEE SCHEDULE:** By attempting forcible medical treatments upon me or my children without my consent you are agreeing to pay, at minimum, **\$500,000.00** penalty per attempted non-consensual injection plus all costs and damages caused by the medical treatment plus all costs of collection.

Your ignorance of vaccine hazards and medical rights and your inability to understand the facts above do not give you any immunity from liability or any license to commit the crime of forced non-consensual medication.

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**OTHER CONSIDERATIONS FOR MEDICAL AND NON-MEDICAL PROFESSIONALS:**

- I have seen no evidence that you know every ingredient of your vaccine.
- I have seen no evidence that you can predict the physical effects of each of those ingredients to any given patient.
- I have seen no evidence that you can predict the consequences of combining those ingredients in an injection.
- I have seen no evidence that you have any authority to administer medicine without the consent of the patient.
- I have seen no evidence that you can assure the safety or effectiveness of your vaccine.
- I have seen no evidence that you will personally take full responsibility to pay for all harm your vaccine causes.

**Until you present reliable evidence of the above, you do not have the slightest authority or privilege to forcibly or coercively administer vaccines.**

**If you fail to immediately cease and desist with all threats of vaccination against me and my family, I cannot assure your safety.**

**SIGNATURE/S:**

**PRIMARY ADULT**

**SECONDARY ADULT (Optional)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(print name / date)

\_\_\_\_\_  
(print name / date)

**NAMES OF AFFECTED MINOR(S) / DEPENDENTS:**

\_\_\_\_\_

**ADDITIONAL NOTES / COMMENTS ON CONDUCT:**

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**DOCUMENT PROCESSING:**

- **Copies** - Sent by witnessed delivery to all those threatening forced or coerced vaccination.
- **Completed Original and Delivery Receipts** – Retained by individual controlling their own healthcare, scanned/copied/stored and provided to family attorney if available.
- **Copy to 3<sup>rd</sup> Party Witness(s)** – In case of loss or destruction, copies can be recovered from other parties.