“Vaccine” Safety Form for “Vaccinators”

*Please complete and sign this form **before** the injection is administered.*
Then return it to the patient; who shall hold this for future legal requirements.

Date: ___ / ___ / ___

Name of nurse/administrator/medical professional/other: _____

Medical Identification Number or License: _____

I am a
- Registered Nurse, bound by Hippocratic Oath ☐
- Registered Doctor, bound by Hippocratic Oath ☐
- Unlicensed Vaccinator; bound by Universal Law ☐

Other:_____(describe)

“The first point of the Hippocratic is to do no harm. And I will use treatments for the benefit of the ill in accordance with my ability and my judgment, but from what is to their harm and injustice I will keep them.”

As the living person administering/forcing/coercing this injection: (circle)

I have read the list of ingredients and understand what each of these are both individually; and acting together in concert; together with all possible side-effects including death.	Yes | No
Having studied all of the ingredients in the “vaccine” I attest they are totally safe	Yes | No
I understand the vaccine contains MRC-5 aborted fetal cells, and/or other form of DNA.	Yes | No
I understand there is a possibility of an Iatrogenic Reaction (adverse reaction from multiple compounds or drugs interacting with each other) from the “vaccine”	Yes | No
I can also prove I have qualifications in chemistry and have studied chemistry to the level of understanding the chemical reactions that will occur as a result of the combination of ingredients within the “vaccine”	Yes | No
I have disclosed to the patient the now widely known phenomenon of “transmission” of Spike Proteins; and the particular impact on hormones in both men and women; sterility issues and menstrual abnormalities for many women.	Yes | No
I have carefully and diligently explained all the above matters to the patient; to ensure they have received full informed knowledge and consent as to the risks of the proposed injection.	Yes | No
I agree to be held professionally and personally liable for any resulting medical complications as a result of this vaccine.	Yes | No
I understand that if this “Vaccine” Rollout Program is found to be criminal; I may be prosecuted under the Nuremberg Code or similar, for criminal actions	Yes | No

If the answer is No to any of the above, then we agree that due to the Hippocratic Oath and my duty of care, which is to the patient, that I grant the patient the right to decline the injection today

In the case of (Patient’s name) _____ Age _____

Signed: _____ Practice_____

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