

Note: You will need to fill info anywhere marked in red and switch to black font.

**Nurse or Health Care Professional's Attestation and Warranty of Experimental Gene Therapy/ COVID-19 Vaccine Efficacy and Safety**

To: School District Superintendent,  
Name of School  
Address

Re: Personal Affidavit and Warranty of Experimental Gene Therapy/COVID-19 Vaccine Efficacy and Safety

Dear Responsible Nurse or other Designated Health Care Professional,  
If you will be administering an Experimental Gene Therapy/COVID-19 Vaccination to my offspring today, I will need you to complete the following form. Thank you.

I, \_\_\_\_\_ (Nurse or Health Care Professional's Name), \_\_\_\_\_ am a (Nurse/Health care) professional licensed to practice medicine in the State of \_\_\_\_\_.

My State license number is \_\_\_\_\_, and my DEA number is \_\_\_\_\_.

My medical specialty is \_\_\_\_\_.

I, \_\_\_\_\_ (Nurse or Health Care Professional's Name), \_\_\_\_\_ am a (Nurse/Health care) professional licensed to practice medicine in the State of \_\_\_\_\_.

My State license number is \_\_\_\_\_, and my DEA number is \_\_\_\_\_.

My medical specialty is \_\_\_\_\_.

I do hereby state that I have advised my patient \_\_\_\_\_, (students full name)

\_\_\_\_\_ that in my professional opinion this patient should be given the Experimental Gene Therapy known as the COVID-19 Vaccination

\_\_\_\_\_, manufacturer's name

\_\_\_\_\_, serial number \_\_\_\_\_,  
batch number \_\_\_\_\_, expiration date \_\_\_\_\_.

I have on this \_\_\_\_\_ day of \_\_\_\_\_, 2021,  
administered this Experimental Gene Therapy/COVID-19 Vaccination after advising the  
above named student that there is **NO RISK** involved with this Experimental Gene  
Therapy/COVID-19 Vaccination, to the good health of my patient whatsoever. Therefore,  
and because any potentially negative or adverse effects of said Experimental Gene  
Therapy/COVID-19 Vaccine is apparently (and contradictorily) no longer insurable as  
being too high a risk, I hereby agree, without reservation, that should this student at any  
time suffer or develop any permanent condition detrimental or injurious to my patient's  
health as a result of this injection, I will personally pay for any and all costs involved  
relating to the care and treatment necessary for this student for the rest of (his/her) natural  
life. I further agree that if my earnings are insufficient to meet these costs, I will sell my  
home, my business and all of my material possessions and put those proceeds towards  
meeting the patient-involved expenses. Furthermore, as the fully authorized, designated  
and currently employed representative of

\_\_\_\_\_ School District and  
acting in that capacity under personal penalty of perjury under the laws of the united  
States of America, who has been granted complete and unconditional authority to  
contractually bind \_\_\_\_\_ School  
District, under full acceptance of commercial liability, I do hereby bind as legally liable  
\_\_\_\_\_ School District, for the lifelong medical and private care  
of the patient as well as all financial hardship incurred by the patient as a result of said  
detrimental or injurious effects of said Experimental Gene Therapy/COVID-19  
Vaccine(s), should they occur.

I do hereby state that I have a thorough understanding of the risks and benefits of the  
COVID19 injection, Mask wearing and social distancing or any and all the medications  
that I prescribe for, or administer to, my students in the case of **(Your Child's Full Name  
and Age)**

\_\_\_\_\_ whom I have examined, I find that certain risk factors exist that justify the recommended  
Experimental Gene Therapy/COVID-19 Vaccination(s).

Following is a list of said risk factors that the Experimental Gene Therapy/COVID-19  
Vaccination(s) will, without question, protect my patient from:

**Risk Factor(s)**

**Vaccination(s):**

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I am aware that vaccines typically contain many or all of the following substances:

aluminum hydroxide,  
hydrolyzed gelatin,  
aluminum phosphate,  
ammonium sulfate,  
amphotericin B,  
animal tissues,  
pig blood,  
horse blood,  
rabbit brain,  
dog kidney,  
monkey kidney,  
chick embryo,  
chicken egg,  
duck egg,  
calf (bovine) serum,  
betapropiolactone,  
fetal bovine serum,  
formaldehyde,  
formalin, gelatin,  
glycerol,  
VERO cells,  
(monkey kidney)

human diploid cells,  
(originating from aborted  
human fetal tissue),  
squalene (from shark livers),  
latex,  
hydrolyzed gelatin,  
mercury (thimerosal),  
monosodium glutamate (MSG),  
neomycin, neomycin sulfate,  
phenol red indicator,  
phenoxyethanol (antifreeze),  
potassium diphosphate,  
potassium monophosphate,  
polymyxin B, polysorbate 20,  
polysorbate 80,  
porcine (pig) pancreatic,  
hydrolysate of casein,  
residual MRC5 proteins,  
sorbitol, sucrose,  
tri(n)butylphosphate,  
sheep blood.

retroviruses and/or carcinogenic or other forms of infectious mycoplasmic agents.

**FACTS: Copied from the FDA website:**

<https://www.fda.gov/media/144413/download>

<https://www.fda.gov/media/144638/download>

The Pfizer-BioNTech COVID-19 Vaccine is an unapproved vaccine.

FDA has issued an EUA for the unapproved product, Pfizer-BioNTech COVID-19 Vaccine, for active immunization against COVID-19 in individuals 16 years of age and older.

**WHAT IS THE PFIZER-BIONTECH COVID-19 VACCINE?** The Pfizer-BioNTech COVID-19 Vaccine is an unapproved vaccine that “MAY” prevent COVID-19. There is no FDA-approved vaccine to prevent COVID-19.

**WHAT ARE THE INGREDIENTS IN THE PFIZER-BIONTECH COVID-19 VACCINE?** The Pfizer-BioNTech COVID-19 Vaccine includes the following ingredients: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3- phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

The Moderna COVID-19 Vaccine is an unapproved vaccine that “MAY” prevent COVID-19.

There is no U.S. Food and Drug Administration (FDA) approved vaccine to prevent COVID-19.

The Moderna COVID-19 Vaccine may not protect everyone.

**THE MODERNA COVID-19 VACCINE** contains the following ingredients: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate trihydrate, and sucrose.

Furthermore, and notwithstanding my patient's religious objections and medical concerns regarding the possible inclusion of scripturally unclean and possibly diseased animal remains as well as aborted human fetal tissues contained within the Experimental Gene Therapy/ COVID-19 vaccine(s) is in direct violation of my 1<sup>st</sup> and 4<sup>th</sup> amendment rights as well as Federal Civil Rights Act 1964, state and international laws, treaties and conventions, or the extensive list of cautions and warnings of the very real possibility of severe adverse reactions as so listed on the COVID-19 Vaccine manufacturer(s) own package insert(s), or the high number of adverse reports against said E.G.T./COVID-19 vaccine(s) that have already been recorded worldwide, or the apparent complete absence of any verifiable and independent, peer reviewed, long term, double blind and placebo controlled in vitro studies confirming the safety and/or efficacy of said E.G.T./COVID-19 vaccine(s), or my patient's assertion that he/she has already been exposed to both this year's seasonal flu and Coronavirus strains and has overcome them both with no difficulty or residual adverse effects whatsoever thereby having already been conferred long lasting and heightened immunity against said strains, and in spite of my patient's assertion of chemical sensitivity and/or allergies to numerous chemical and biological substrates, additives and adjuvants possibly contained within said E.G.T./COVID-19 vaccine(s) as well as the

irrefutable fact that due to the proprietary nature of some ingredients, that those ingredients may not even be required to be listed on the package insert(s), thereby rendering as scientifically impossible a medically objective risk/benefit assessment on behalf of my patient, as well as my being totally unfamiliar with my patient's past medical history or unique and untested physiology, I nonetheless attest and warrant that these ingredients are effective and safe for injection or inhalation into the body of my patient. Reports to the contrary, such as reports that mercury thimerosal causes severe neurological and immunological damage, are not credible.

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Safety**

Furthermore, I hereby Attest and Warrant that the Experimental Gene Therapy/COVID-19 Vaccine(s) I am recommending for the care of this student does not contain any cells from aborted human babies (also known as "fetuses").

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**(Students Full Name)**

In order to protect my patient's well-being, I have taken the following steps to guarantee that the Experimental Gene Therapy/COVID-19 Vaccine(s) I will use will contain no damaging contaminants. The steps taken are as follows:

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I have personally investigated the reports made to the VAERS (Vaccine Adverse Event Reporting System) and state that it is my professional opinion that the Experimental Gene Therapy/COVID-19 Vaccine(s) I am recommending are both effective and safe for administration to this patient.

“I do therefore Attest and Warrant (and in spite of the overwhelming body of evidence to the contrary), that the Experimental Gene Therapy known as the COVID-19 Vaccine/ and other vaccines that I am prescribing for my student are hereby proven beyond question to be safe and effective for the condition(s) for which the said Experimental Gene Therapy known as the COVID-19 Vaccine/ and other vaccine(s) are here being administered.”

Regardless of the legal entity under which I normally practice medicine, I am issuing this statement in both my professional business or government capacity and as a private individual while hereby waiving any Statutory, Common, Equity, UCC, Maritime/Admiralty or Constitutional Law, international treaty or any other legal immunities from liability lawsuits in the instant case.

Initials of Responsible School Nurse or Designated Health Care Professional: \_\_\_\_\_

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I issue this document of my own free will after consultation with competent legal counsel

\_\_\_\_\_  
Name of attorney admitted to the BAR

in the State of \_\_\_\_\_ and

Superintendent of \_\_\_\_\_ School District,

\_\_\_\_\_  
Name of Superintendent

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Signature of: Superintendent

\_\_\_\_\_  
Printed Name of Responsible Nurse or Designated Health Care Professional.

\_\_\_\_\_  
Signature of Responsible Nurse or Designated Health Care Professional.

Initials of Responsible Nurse or Designated Health Care Professional: \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Witness

Signature of Witness

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2021

**Notary Public:**

\_\_\_\_\_

County: \_\_\_\_\_ State:

\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Seal:

Initials of Responsible Nurse or Designated Health Care Professional: \_\_\_\_\_.