**COVID-19 Vaccine Declination Form**

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

I note the following information published by the Therapeutic Goods Administration on behalf of the Australian Government Department of Health:

1. The Australian Public Health Assessment Report for BNT162b2 (mRNA), with Propriety Product Name: Comirnaty, and Sponsor: Pfizer Australia Pty Ltd, dated January 2021.
2. The Australian Product Information Sheet for the Pfizer vaccine above.
3. The Australian Public Assessment Report for ChAdOx1-S, with Propriety Product Name: COVID 19 Vaccine AstraZeneca, and Sponsor: AstraZeneca Pty Ltd, dated February 2021.
4. The Australian Product Information for the AstraZeneca Vaccine above.

The above information reveals the following:

* Approvals were given without complete safety and efficacy data being available.
* The long-term safety and efficacy of these vaccines are unknown.
* The duration and effect of vaccine protection from these vaccines are unknown.
* Vaccine efficacy against asymptomatic infection and viral transmission is unknown.
* The concomitant use of these vaccines with other drugs and vaccines is unknown.
* Vaccine data in pregnant women and lactating mothers is unknown.
* Vaccine efficacy and safety in immunocompromised individuals is unknown.
* Vaccine efficacy and safety in paediatric subjects (< 16 years old) is unknown.
* Vaccine efficacy and safety in elderly subjects (> 85 years old) is unknown.
* A correlate of protection has yet to be established. The vaccine immunogenicity cannot be considered and used as the surrogate for vaccine protective efficacy at this stage.
* The novelty of the mRNA technology and its possible effects are unknown.
* The real-world vaccine effectiveness when these vaccines are rolled out to a larger and more diverse population is largely unknown.
* The vaccine efficacy in the Aboriginal and Torres Strait Islander population has not been studied.

I further note that:

* The vaccine companies’ trial and study documentation and the surveillance data from overseas reveals numerous adverse health events linked to the vaccines including hypersensitivity, anaphylaxis, anxiety related reactions, increased triggers for autoimmune disease, thrombocytopenia and coagulation disorders, exacerbation of neurological events, paralysis, convulsions and death.
* The biggest risk with both vaccines is auto-immune response. From an immunology perspective, the antibodies may be ‘tricked’ into destroying otherwise healthy cells when encountered in future.
* Previous coronavirus vaccines have never passed the pre-clinical stage. SARS-CoV vaccines were tested in a number of animal trials conducted which resulted in consistent auto-immune reaction outcomes. Furthermore, the m-RNA vaccines have not been used on humans before.
* The disease COVID-19 presents a 99.9% rate of full recovery for those under 70 years of age with no serious co-morbidity. Directing and/or mandating vaccines on the whole population given these statistics is a disproportionate response.
* It remains unclear if any or sufficient insurance cover will be available in the event I suffer injury, and in the absence of a comprehensive no fault vaccine injury compensation scheme, there is a real likelihood that I may not be compensated.
* The vaccine companies have a history of criminal conduct including charges and convictions for illegal marketing, bribery and health care fraud.
* The Australian 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) to those choosing not to get vaccinated.
* There are no government mandates for COVID-19 vaccination.
* Alternative controls are available to employers and occupiers to maintain occupational health and safety and public safety.

I further note that numerous laws, regulations and policies protect the right of informed consent in receiving a vaccine or any medical procedure, including:

* The Commonwealth Constitution s.51(xxiiiA) which prohibits civil conscription in medical and dental services.
* The Biosecurity Act 2015 (Cth) s.95 prohibits the use of force for vaccination.
* The Biosecurity Act 2015 s.92 prohibits vaccination or treatment without an individual Biosecurity Control Order with stringent requirements.
* Article 6 of the UNESCO statement on Bioethics and Human Rights, Section 1, 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”.
* Nuremberg Code, Article 1, states “The voluntary consent of the human subject is absolutely essential”.
* • Section 83.4 of 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”.
* In the Australian Government’s Immunisation Handbook under Section 2.1.3 Valid Consent, it states that for consent to be legally valid “It must be given voluntarily in the absence of undue pressure, coercion or manipulation.”

Therefore, I believe that:

* I will be exposing myself to an unreasonable risk of harm for which no suitable remedy exists if I receive any of these listed vaccinations.
* I am entitled to exercise political liberty in not associating with these vaccine companies due to their ethical and legal failures.
* I am entitled in law and conscience to decline a COVID-19 vaccination.

**I hereby decline to receive the COVID-19 vaccination.**

**This declination remains in full force and effect until such time as I may revoke it in writing signed by me.**

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 18-years of age with full knowledge to the consequences of my refusal to receive the COVID-19 vaccine.

 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 decision in refusal to take the COVID-19 vaccine.

• Signature of Person:

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

• Date Signed by Person: