DECLARATION OF VACCINATION EXEMPTION  
(BY AFFIDAVIT)

Pursuant to the Senate Bill #942, Section 1 Chapter #7, under the title “EXEMPTION FROM IMMUNIZATION”, I hereby declare that I, _____________________________as the Parent □, Guardian □, Free Born Adult Citizen □, having responsibility for Myself □, Son □, Daughter □, Grandson □, Granddaughter □, Nephew □, Niece □, herein named; ___________________________________________ an Adult □, Minor □, do hereby withhold my consent, and let it be known that said Adult/Minor is exempted from any and all medical procedures (e.g.), blood transfusion, vaccination/inoculations, PPD (Tine Test), unless I give my personal permission, on the grounds that these artificial, unproven and unsafe medical processes are contrary to my religions/ethical/personal beliefs.

SENATE BILL # 942, SECTION 1 CHAPTER 7

3380 – IN ENACTING THIS CHAPTER, IT IS THE INTENT OF THE LEGISLATURE TO PROVIDE....(C) EXEMPTION FROM IMMUNIZATION FOR MEDICAL REASONS OR FOR PERSONAL BELIEFS.

3385 – IMMUNIZATIONS OF A PERSON SHALL NOT BE REQUIRED FOR ADMISSION TO A SCHOOL OR OTHER INSTITUTIONS....IF THE GUARDIAN, PARENT, OR ADULT WHO HAS ASSUMED RESPONSIBILITY FOR HIS OR HER CUSTODY AND CARE IN THE CASE OF A MINOR, OR A LETTER OR AFFIDAVIT STATING THAT SUCH VACCINATIONS ARE CONTRARY TO HIS/HER BELIEF...

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All vaccine/inoculants are harmful to the human physiology and do not protect anyone from disease. Any school or medical authority who tries to coerce or force vaccinations/inoculations upon my offspring or anyone else, is in direct and flagrant violation of the Laws of the United States, and all parties responsible will be made subject to prosecution to the fullest extent of these laws.

Amendment 14 of the United States Constitution:

“No state shall make or impose any law which shall abridge the privileges or immunities of the citizens of the United States, nor shall any state deprive any person of life, liberty, or property.”

Amendment 4 of the United States Constitution insures:

“The Right of the people to be secure in their persons shall not be violated.”

Caveat

FN-12. THE NUREMBERG CODE

The voluntary consent of human subject is absolutely essential. The duty and responsibility for ascertaining the quality of the consent resents upon each individual who initiates, direct or engages in the experiment. It is a personal duty and responsibility which may not delegated to another with impunity.

SUBSCRIBED AND AFFIRMED TO BEFORE ME ON THIS ________________DAY OF ________________________.

NON-ASSUMPSIT: WITHOUT PREJUDICE

SIGNATURE

__________________________

NOTARY PUBLIC

Exemption has been ratified and approved by all United Nations members under WORLD HEALTH ORGANIZATION International Sanitary Regulations Article 83, Chapter IV; “each individual has the right of vaccination exemption”.


VACCINATION GUARANTEE

GUARANTEE OF THE SAFETY AND EFFECTIVENESS OF VACCINATION GIVEN BY ME

I, the undersigned, do hereby guarantee that the vaccination I give is safe and will not cause any of the diseases known to have been caused by vaccination, such as paralysis, hepatitis, brain damage (post-vaccinal encephalitis), blindness, cancer at the site of the vaccination, kidney disease, etc. or death. I also, guarantee that it will prevent the disease it is given to prevent. If any physical or mental damage results from the vaccines which I give, I will pay the victim or family $1,000,000 (one million dollars) without delay. Each vaccinator must post bond and give proof that he/she is able to make good the guarantee before he/she gives the vaccinations).

Print ____________________________________________________

Full name of Doctor or Nurse (Fiduciary)

___________________________________________________

Name of Insurance Carrier and Bond number

Address ________________________________________________

Name of clinic ______________________________________________________________________

(Where shot(s) were given)

Address ________________________________________________

What shot was for ____________________________________________________________________

Patient __________________________________________________________________________

Name and address of person receiving vaccination

__________________________________________

Doctor or Nurse (Fiduciary)

SUBSCRIBED AND AFFIRMED TO BEFORE ME ON THIS__________________DAY OF _______________________.

NON-ASSUMPSIT: WITHOUT PREJUDICE

SIGNATURE

__________________________________

NOTARY PUBLIC

MY COMMISSION EXPIRES