Medical Professional's Warranty of Vaccine Safety

I (Medical Professional's name, degree) licensed to practice medicine in the country of My medical speciality is	,am My GMC number is
I have a thorough understanding of the risks and benefits of all the prescribe for or administer to my patients. In the case of (Patient's, age, whom I have e certain risk factors exist that justify the recommended vaccinations	name)
certain risk factors exist that justify the recommended vaccinations of said risk factors and the vaccinations that will protect against the	
Risk Factor	
Vaccination	-
Risk Factor	
Vaccination	-
Risk Factor	
Vaccination	-
Risk Factor Vaccination	-
Risk Factor Vaccination	-
Risk Factor	_
Vaccination	

I am aware that vaccines typically contain many of the following fillers:

- aluminum hydroxide
- 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
- human diploid cells (originating from human aborted foetal tissue)
- hydrolised gelatin
- mercury thimerosol (thimerosal, Merthiolate(r))
- 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
- tri(n)butylphosphate,
- VERO cells, a continuous line of monkey kidney cells, and
- washed sheep red blood

and, hereby, warrant that these ingredients are safe for injection into the body of my patient. I have researched reports to the contrary, such as reports that mercury thimerosal causes severe neurological and immunological damage, and find that they are not credible.

I am aware that some vaccines have been found to have been contaminated with Simian Virus 40 (SV 40) and that SV 40 is causally linked by some researchers to non-Hodgkin's lymphoma and mesotheliomas in humans as well as in experimental animals. I hereby warrant that the vaccines I employ in my practice do not contain SV 40 or any other live viruses. (Alternately, I hereby warrant that said SV-40 virus or other viruses pose no substantive risk to my patient.)

I hereby warrant that the vaccines I am recommending for the care of (Patient's name) do not contain any tissue from aborted human babies (also known as "foetuses").

In order to protect my patient's well being, I have taken the following steps to guarantee that the vaccines I will use will contain no damaging contaminants.

STEPS TAKEN:

I have personally investigated the reports made to the VAERS (Vaccine Adverse Event Reporting System) and the MHRA (Medicines and Healthcare Products Regulatory Authority) and state that it is my professional opinion that the vaccines I am recommending are safe for administration to a child under the age of 5 years.

The bases for my opinion are itemized on Exhibit A, attached hereto, -- "Medical Professional's Bases for Professional Opinion of Vaccine Safety." (Please itemize each recommended vaccine separately along with the bases for arriving at the conclusion that the vaccine is safe for administration to a child under the age of 5 years.)

The professional journal articles I have relied upon in the issuance of this Medical Professional's Warranty of Vaccine Safety are itemized on Exhibit B, attached hereto, -- "Scientific Articles in Support of Medical Professional's Warranty of Vaccine Safety."

The professional journal articles that I have read which contain opinions adverse to my opinion are itemized on Exhibit C, attached hereto, -- "Scientific Articles Contrary to Medical Professional's Opinion of Vaccine Safety"

The reasons for my determining that the articles in Exhibit C were invalid are delineated in Attachment D, attached hereto, -- " Medical Professional's Reasons for Determining the Invalidity of Adverse Scientific Opinions."

In addition to the recommended vaccinations as protections against the above cited risk factors, I have recommended other non-vaccine measures to protect the health of my patient and have enumerated said non-vaccine measures on Exhibit D, attached hereto, "Non-vaccine Measures to Protect Against Risk Factors"

I am issuing this Medical Professional's Warranty of Vaccine Safety in my professional capacity as the attending Medical Professional to (Patient's name)

Regardless of the legal entity under which I normally practice medicine, I am issuing this statement in both my business and individual capacities and hereby waive any statutory, Common Law, Constitutional, UCC, international treaty, and any other legal immunities from liability lawsuits in the instant case. I issue this document of my own free will after consultation with competent legal counsel whose name is ______

		(Name of Attending Medical Professional)
		(Signature of Attending Medical Professional)
Signed on this	_day of	A.D
Witness:		Date:
Notary Public:		Date: