Name of Employer Your Name

Manager/Supervisor Name Address

Address City, State, Zip

City, State, Zip

**Conditional Acceptance**

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

“I write with regard to the matter of potential Covid 19 vaccine and my desire to be fully informed and appraised of ALL facts before going ahead. I’d be most grateful if you could please provide the following information, in accordance with statutory legal requirements.”:  
  
1. Can you please advise the approved legal and lawful status of any Covid 19 vaccine and if it is experimental?

2. Can you please provide details and assurances that the Covid 19 vaccine has been fully, independently and rigorously tested against control groups and the subsequent outcomes of those tests?  
  
3. Can you please advise the entire list of contents of the Covid 19 vaccine I am to receive and if any are toxic to the body?  
  
4. Can you please fully advise of all the adverse reactions associated with the Covid 19 vaccine since its introduction?  
  
5. Can you please confirm that the Covid 19 vaccine you are advocating is NOT experimental mRNA gene altering therapy?

6. Where and how does the Covid 19 vaccine achieve the lawful definition of being a vaccine?  
  
7. Can you please confirm that I will not be under any duress or be coerced from yourselves as my employers, in compliance with the Nuremberg Code?  
  
8. Can you please advise me of the likely risk of fatality, should I be unfortunate to contract Covid 19 and the likelihood of recovery?  
  
9. Can you please advise me that if I were to experience any adverse reactions, would the manufacturer of the Covid 19 vaccine be held liable? If the manufacturer isn’t liable will the company I’m currently employed with be financially responsible & liable as it is their request that I have the Covid 19 vaccine in order to carry on my employment?  
  
Once I have received the above information in full and I am satisfied that there is NO threat to my health, I will be happy to accept your offer to receive the treatment, but with certain conditions – namely that:  
  
1. You confirm in writing that I will suffer no harm or injury.  
  
2. Following acceptance of this, the offer must be signed by a fully qualified doctor who will take full legal, lawful and financial responsibility for any injuries occurring to myself, and/or from any interactions by authorized personnel regarding these procedures.  
  
3. In the event that I should have to decline the offer of the Covid 19 vaccination, please confirm that it will not compromise my position and that I will not suffer prejudice and discrimination as a result.  
  
I would also advise that my unalienable rights are reserved.

Sincerely,

(signed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed name here)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated this\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021