

PHYSICIAN'S REFUSAL TO SIGN A WARRANTY OF VACCINE SAFETY

An MS Word version is available for editing at

http://www.cafepeyote.com/files/Warranty_of_Vaccine_Safety_-_REFUSAL.docx

I (Physician's name, degree) _____, _____ am a physician licensed to practice medicine in the State/Province of _____, in the country of _____. My State/Province license number is _____, and my DEA number is _____. My medical specialty is _____.

The parents of my child patient (Patient's name) _____ have requested that I review and sign a "Warranty of Vaccine Safety" statement that they prepared and have provided me, in writing and electronically for editing, in which they ask that I take full responsibility for any injury that could result to their child as a result of any vaccination I encourage, recommend and provide their child, making me 100% liable personally and as a legal entity, for any injury suffered by said child as a result of such inoculation.

After careful consideration of their request and the document they provided for me to review I have decided to refuse to sign said "Warranty of Vaccine Safety" based on the following grounds (CHECK ALL THAT APPLY):

- I am not familiar with vaccines' integrity, manufacturing processes or the ingredients (primary, secondary, fillers, contaminants or any others) added to such vaccines and therefore are not aware of their possible effects on the human body, physically or mentally.
- I have not personally studied the side effects of each vaccine I recommend to my child patients nor have I made any prudent, exhaustive medically (Hippocratic oath) and morally required serious inquiry regarding each vaccine's pros and cons.
- I have not studied any medical or other literature from persons and/or organizations that oppose vaccination based on existing medical, scientific and legal evidence of persons that have indeed and irrefutably suffered injury from vaccine administration.
- I cannot guarantee that any of the vaccines I recommend will not cause any disease or health problems, such as autism, immunological and mental disorders, or any of the possible and minor, serious and fatal side effects as noted in the vaccine manufacturer's own vaccine container inserts.

There are too many factors I am not aware of regarding any child's history, ancestry, physiological or mental state to with all certainty guarantee that no injury will result to any child as a result of any type of vaccination.

I have not ordered or reviewed sufficient medical reports, examinations and test results regarding this child to determine their present physical and mental state and the injury that might result from vaccination with any vaccine noted on the Centers For Disease Control and Prevention (CDC).

I DO NOT have a thorough understanding of the risks and benefits of all the medications that I prescribe for or administer to my patients.

I firmly believe that the CDC is an private, non-governmental, for profit, de facto agency, acting in appearance in the best interests of the residents of the continental United States, whose policies and recommendations are based and influenced by large powerful pharmaceutical corporations whose goals are, simply and among other things, to sell their products regardless of consequences to human life.

Other: _____

Other: _____

Physician's Signature: _____

Physician's Name: _____

Signed on this _____ day of _____, _____

Witness Name: _____

Witness Signature: _____ Date: _____

Notary Public: _____ Date: _____