

## **Letter to Employer re Mandatory Vaccines**

I am writing regarding the Covid-19 vaccine I have recently been advised is a new, additional condition of my employment.

To be clear, I am not refusing the vaccine.

It is my understanding that in accordance with Canadian law, I am required to provide you with informed consent in order to accept a vaccine without liability to you. This is confirmed by the *Nuremburg Code*, being international law that applies to most countries in the world, including Canada. There are other laws in Canada that confirm this right.

In an effort to prepare myself for the vaccine and provide you with the informed consent you require to mandate me to receive it, I have made concerted efforts to educate myself with the information available. However, since the vaccine was released as an emergency measure, I have found that vaccine manufacturers, government and health officials, as well as medical professionals have either not responded or provided vague answers regarding my questions.

Since the government strongly recommended that employers mandate the vaccine for their employees, I assume detailed information upon which they could base their decision was provided by the government to all employers. I also trust that you, as my employer, have taken all necessary steps to ensure this vaccine is safe and that you can provide proof of such.

In order to provide you with the informed consent you require, I need the following information, in writing:

1. The approved legal status of the vaccine (whether it is experimental, a gene altering therapy or an mRNA therapy).
2. Copies and details of the case studies, including control groups used to study the vaccine, with all subsequent outcomes of such case studies that resulted in its approval for use.
3. A full list of the contents of the vaccine I am required to take (to ensure no allergies or adverse interactions) and confirmation that these ingredients are not toxic to the human body.
4. Referral to a comprehensive database regarding any and all adverse reactions associated with the vaccine. I understand the Canadian database has been deemed “inadequate” due to tracking and data deficiencies and VAERS is estimated to represent only 1% of the adverse reactions in the USA due to rejected reports and underreporting.
5. Confirmation that in the event I have an adverse reaction to the vaccine, I will experience no disruption with my employment or income and that you will pay for any costs or expenses associated with such injury. This is reasonable since I am taking this vaccine to

ensure my ability to maintain my present employment and ability to financially sustain myself.

6. Confirmation that my employment will not be terminated and that I will not suffer any prejudice or discrimination based upon what I decide. In accordance with the Nuremburg Code, I may not be subjected to duress or coercion as that would invalidate the “consent” you require by my agreement to take the vaccine. This is required to avoid liability to you.

Following provision of the information outlined above I will obtain an endorsement from a Physician, in good standing with the College of Physicians and Surgeons, confirming the information to be true and accurate based on my age, current medical condition and medical predispositions, following which I will be in a position to provide you with the informed consent you require.

I look forward to receiving full disclosure related to this recent material change to my employment contract and I confirm my commitment to ensuring the safety and well-being of my colleagues, as well as my employer.

Yours truly,

Signature of Employee: \_\_\_\_\_

Name of Employee (Print): \_\_\_\_\_

Date Received by Employer: \_\_\_\_\_

Signature of Employer: \_\_\_\_\_

Name of Employer (Print): \_\_\_\_\_