

**PHYSICIAN'S WARRANTY BY AFFIDAVIT OF VACCINE AND/OR DRUG SAFETY**

I (Physician's name and degree) \_\_\_\_\_,  
\_\_\_\_\_, am a physician licensed to practice medicine in the State of \_\_\_\_\_,  
The United States of America. My State medical license number is \_\_\_\_\_;  
my DEA number is \_\_\_\_\_; and my  
medical specialty is \_\_\_\_\_.

I have a scientific understanding of the physical and mental risks and benefits of all the medications that I prescribe for or administer to my patients. In the case of (Patient's name) \_\_\_\_\_, age \_\_\_\_\_, I have examined him/her thoroughly and find that certain risk factors exist that justify the recommended drugs and/or vaccinations.

The following is a list of risk factors and the vaccines or drugs that will protect against them:

Risk Factor: \_\_\_\_\_  
Vaccine/Drugs: \_\_\_\_\_  
Risk Factor: \_\_\_\_\_  
Vaccine/Drugs: \_\_\_\_\_  
Risk Factor: \_\_\_\_\_  
Vaccine/Drugs: \_\_\_\_\_  
Risk Factor: \_\_\_\_\_  
Vaccine/Drugs: \_\_\_\_\_  
Risk Factor: \_\_\_\_\_  
Vaccine/Drugs: \_\_\_\_\_  
Risk Factor: \_\_\_\_\_  
Vaccine/Drugs: \_\_\_\_\_  
Risk Factor: \_\_\_\_\_  
Vaccine/Drugs: \_\_\_\_\_  
Risk Factor: \_\_\_\_\_  
Vaccine/Drugs: \_\_\_\_\_

I am aware that vaccines typically contain many of the following fillers and/or preservatives:

- \* aluminum hydroxide
- \* aluminum phosphate
- \* ammonium sulfate
- \* amphotericin B
- \* animal tissues: pig blood, horse blood, rabbit brain,
- \* dog kidney, monkey kidney,
- \* chicken embryo, chicken egg, duck egg
- \* calf (bovine) serum
- \* betapropiolactone
- \* fetal bovine serum
- \* formaldehyde
- \* formalin
- \* gelatin
- \* glycerol
- \* human diploid cells (originating from human aborted fetal tissue)
- \* hydrolyzed gelatin

- \* mercury thimerosal (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 am aware of reports warning about potential harm caused by the products listed above, such as reports that mercury thimerosal can cause severe neurological and immunological damage, and believe that these reports are not credible and should be ignored.

I am also aware that some vaccines have been found to have been contaminated with Simian Virus 40 (SV 40) and that SV 40 is 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, if the vaccines administered by me contain any live viruses, I hereby warrant that said 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 human baby/fetal tissue. 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 researched the reports made to the VAERS (Vaccine Adverse Event Reporting System) and state that it is my professional opinion that the vaccines I am recommending are safe for administration to children of any age as well as adults.

I further warrant that the basis for my personal and professional opinion about the vaccines and/or drugs specified herein is not based on potentially biased information disseminated by those promoting or selling these drugs for profit and are itemized on Exhibit A, attached hereto, to be entitled, "Physician's Objective Basis for Professional Opinion of Vaccine and/or Drug Safety". (Please itemize each recommended vaccine and/or drug separately along with the basis for determining that the vaccine and/or drug is safe for administration to a child of any age or an adult.)

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

I have also read professional journal articles which contain opinions giving adverse opinions to the use of vaccinations and/or drugs and they are itemized on Exhibit C, attached hereto, -- "Scientific Articles Contrary to Opinion of Pro-Vaccine Safety".

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

#### Hepatitis B

I understand that 60 percent of patients who are vaccinated for Hepatitis B will lose detectable antibodies to Hepatitis B within 12 years. I understand that in 1996 only 54 cases of Hepatitis B were reported to the CDC in the 0-1 year age group. I understand that in the VAERS, there were 1,080 total reports of adverse reactions from Hepatitis B vaccine in 1996 in the 0-1 year age group, with 47 deaths reported.

I understand that 50 percent of patients who contract Hepatitis B develop no symptoms after exposure. I understand that 30 percent will develop only flu-like symptoms and will have lifetime immunity. I understand that 20 percent will develop the symptoms of the disease, but that 95 percent will fully recover and have lifetime immunity.

I understand that 5 percent (1 in 20) of the patients who are exposed to Hepatitis B will become chronic carriers of the disease. I understand that 75 percent (15 in 20) of the chronic carriers will live with an asymptomatic infection and that 25 percent (5 in 20) of the chronic carriers will develop chronic liver disease or liver cancer, 10-30 years after the acute infection. I have personal knowledge that the following scientific studies have been performed to demonstrate the safety of the Hepatitis B vaccine in children under the age of 5 years.

---

---

---

---

---

In addition to the recommended vaccinations or drugs 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 Physician's Warranty of Vaccine Safety in my professional capacity as the attending physician to (Patient's name)

\_\_\_\_\_ with full understanding that my patient is relying on my professional knowledge and expertise so that they may make an informed decision concerning the acceptance of any vaccine or drug and that said patient reserves the Right to decline any the use of any vaccine or drug.

Regardless of the legal fiction business entity under which I normally practice medicine, I am issuing this statement in both my legal fiction and my natural person capacities and hereby waive any Organic and Common Law, Constitutional Law, Statutory Law, Uniform Commercial Codes, international treaty, and all 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 \_\_\_\_\_, an attorney admitted to the Bar in the State of \_\_\_\_\_.

Jurat, To Wit (28 USC 1746 (1)):

Being executed within the organic United States of America: "I declare (or certify, verify, or state) under pain and penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_ By:

\_\_\_\_\_ (Signature of Attending Physician)

\_\_\_\_\_ (Printed Name of Attending Physician)

Witness #1: \_\_\_\_\_ Date: \_\_\_\_\_

Witness #1 (Printed): \_\_\_\_\_

Witness #2: \_\_\_\_\_ Date: \_\_\_\_\_

Witness #2 (Printed): \_\_\_\_\_

OR:

Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_