

# Vaccination Questionnaire

Please enter all of the following to help in the decision making process when considering a proposed vaccine.

Your Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hospital / Medical body who pays your wage: \_\_\_\_\_

Name of person you wish to vaccinate: \_\_\_\_\_

Please list vaccination(s) proposed:

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Please list benefits from proposed vaccination(s):

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List ingredients of vaccine:

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State (with clear references) documented safety studies conducted on this vaccine:

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Does the vaccine contain any of the following? (even if not listed on the ingredients list):

- Thimersol (Mercury based preservative  $C_9H_9HgNaO_2S$ ) ..... Yes  No
- Phenol ( $C_6H_5OH$  - Poison) ..... Yes  No
- Formaldehyde ( $CH_2O$  - Cancer Causing) ..... Yes  No
- Alum ( $AlK(SO_4)_2 \cdot 12H_2O$  - preservative) ..... Yes  No
- Acetone ( $CH_3COCH_3$  - Nail Polish Remover) ..... Yes  No
- Aluminum Phosphate (Toxic) ..... Yes  No
- Glycerin ( $CH_2(OH)CH(OH)CH_2(OH)$  - toxic)..... Yes  No
- Monosodium Glutamate (MSG -  $HOOC(CH_2)_2(NH_2)COONa$ ). Yes  No
- Yeast Proteins ..... Yes  No
- Antibiotics ..... Yes  No

...Continued: Does the vaccine contain any of the following? (even if not listed on the ingredients):

•Toxic metals:

• Lead .....Yes  No  Cadmium....Yes  No

• Aluminum.....Yes  No  Mercury.....Yes  No  Amount of Mercury: \_\_\_\_\_mg

• Horse Serum or Blood.....Yes  No  Pig blood.....Yes  No

• Calf Serum.....Yes  No  Rabbit brain.....Yes  No

• Fecal matter cultivated on dog kidney or monkey kidney.....Yes  No

• RNA or DNA from growth medium which include retro viruses from animals.....Yes  No

Please list historic fatalities associated with this vaccine in this country:

Fatalities in 2008: \_\_\_\_\_ 2007:\_\_\_\_\_ 2006:\_\_\_\_\_ 2005:\_\_\_\_\_ 2004:\_\_\_\_\_ 2003:\_\_\_\_\_

If this vaccine is for a small child, will this vaccine be instrumental in causing autism? Yes  No

If you have children (or if you had children) - would you give the suggested vaccine to them?

Yes  No

Have you given this suggested vaccine to a member of your own family?..... Yes  No

Have you ever refused a vaccine to your own family or someone you love?.....Yes  No

If you answered 'yes' - please give reason: \_\_\_\_\_

Have you ever witnessed an adverse reaction to the proposed vaccine? If so please state how many cases and details of the reaction:

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If vaccination(s) is seen as mandatory by law, please list waiver forms and how to get them. (If available, please attach form(s)) \_\_\_\_\_

I swear the information on this form is correct and can be verified. If harm comes upon the patient I will take full responsibility of this harm or death. I will compensate the family fully for any loss or physical harm experienced and welcome law suits for my incompetence and ignorance. I will apologise to the family for any harm or loss in person.

Print name: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_