

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:

Please list benefits from proposed vaccination(s):

List ingredients of vaccine:

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

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:

• LeadYes 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:

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: _____