

Vaccine Liability Acceptance Form

Dated _____

I, _____, hereby swear to be personally legally and financially responsible for any bodily injury or mental harm that may occur to my patient _____, due to my injecting him/her with the vaccine _____.

Bodily injury includes any injury to the body, sickness or disease, including death resulting from any of these at any time, and if arising out of the foregoing, mental anguish, mental injury, disability, shock or fright.

I attest that I have been made aware of the risk of serious side-effects of the vaccine I am administering to my patient.

Signed, _____.

See the attached documentation for the risks and damages that have occurred from delivery of said vaccines to patients across the globe.