

Dave: of the Allegedly family
c/o [Your Street Address],
[Your Town or City]
[County/State Postcode/Zip]
1st January 2018

Notice of Conditional Acceptance

Dear Dr. [Doctor's Name],

Thank you for insisting that I receive the [Vaccine Name] vaccine, your concern for my welfare is most touching.

I am happy to receive this and any such vaccines that you care to administer, on the condition that you provide the following:

1. At least, one double-blind, placebo-controlled study that proves the safety and effectiveness of vaccines.
2. Scientific evidence on any study which confirms the long-term safety and effectiveness of vaccines.
3. Scientific evidence which proves that any disease reduction at any point in history was directly attributable to vaccination of a population.
4. Scientific justification as to how injecting a human being with a confirmed neurotoxin is beneficial to human health and prevents disease.
5. Scientific justification on how bypassing the respiratory tract or mucous membrane is advantageous and how directly injecting viruses into the bloodstream enhances immune functioning and prevents future infections.
6. Scientific justification on how a vaccine would prevent viruses from mutating.
7. Scientific justification as to how a vaccination can target a virus in an infected individual who does not have the exact viral configuration or strain the vaccine was developed for.

And finally since it is my understanding that vaccines actually place the recipient at risk of developing a wide range of diseases and conditions, you are also required to return the enclosed Liability Statement, completed and signed in the presence of three witnesses.

Please respond with substance and the requested proofs of claim within seven (7) days, failure to do so will be deemed to mean that no such proofs exist and that it is your medical opinion that the proposed vaccination is **not safe**.

Yours Sincerely,

Liability Statement

I, Dr. **[Doctor's Name]** as the physician administering the **[Name of Vaccine]** vaccine, have thoroughly examined the patient, Mr./Mrs./Miss. **[Your Name]** and have determined that the patient does not have any of the conditions listed below.

[The disease that the vaccine was designed to inoculate against], allergic reactions, ADHD, autism, AIDS, cancer, pneumonia, encephalitis, meningitis, hepatitis, Epstein-Barr disease, encephalopathy, febrile convulsions, non-febrile convulsions, paralytic poliomyelitis and Guillain-Barré syndrome.

I therefore accept full responsibility and full commercial liability should the patient be subsequently diagnosed with any of the above conditions as a result of receiving this vaccine:

Signed in the presence of three witnesses:

Dr. Signature
Date

Witness Signature
Address
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Witness Signature
Address
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Witness Signature
Address
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