Dat	e:				
Dea	r Doctor				
the and	a sending this communication to you, so that I can obtain informed consent administration of a covid-19 vaccination. I have read the legally binding Go consent, which MUST be applied prior to any medical intervention including patim here vis:	MC Guidance on decision making			
a)	Recognise risks of harm that you believe anyone in the patient's position these already from your professional knowledge and experience.	would want to know. You'll know			
b)	The effect of the patient's individual clinical circumstances on the probability ou know the patient's medical history, you'll know some of what you dialogue could reveal more.				
c)	Risks of harm and potential benefits that the patient would consider sign revealed during your discussion with the patient about what matters to t				
d) e)	Any risk of serious harm, however unlikely it is to occur. Expected harms, including common side effects and what to do if they oc	ccur.			
	os://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctorsde lish_pdf-84191055.pdf	cision-making-and-consent-			
All t	hese directions must apply to all the conditions detailed below my signatu	ıre.			
Hov	your information, I do not wish to be vaccinated because I have concerns vever, I am being coerced into vaccination because without such I am unal ble to live my life as a free citizen.				
	rder that I can proceed either through your assurance that I have received sent or that I qualify for vaccine exemption, please can you sign the releva				
Ι, [)r	Dr's signature and date			
G۱	AC no.				
	reby state that				
	I have addressed all concerns listed above and detailed below and I am satisfied that this patient has received full informed consent prior to covid-19 vaccination				
Ιh	ave addressed all concerns listed above and detailed below. I find that I ar	n unable to administer a covid-19			
va	vaccination and I recommend this patient be exempt from such.				

Yours sincerely

From (patient name and address)

With Respect to the new COVID-19 vaccinations the Doctor MUST inform the patient of the following and tick the box to indicate such:

Montgomery Judgement & GMC Guidance	Facts	Notes	Discussed
2015 Montgomery Judgement on Informed	The doctor is therefore under a duty to take	Vitamin D, 5,000iu daily has proven benefit to prevent and	Yes/No
Consent	reasonable care to ensure that the patient is aware	treat Covid-19 Vitamin C, 5 grams daily has proven benefit	
	of any reasonable alternative or	to prevent and treat Covid-19 Topical antiseptics (such as	
	variant treatments.	iodine) are of proven benefit to reduce the loading dose,	
		and hence disease severity, of Covid-19	
GMC Guidelines to Doctors	Facts	Notes	Discussed
a. Recognised risks of harm that you believe		CV-19 vaccine development accelerated. Vaccine safety	Yes/No
-	data available on current CV-19 vaccines, including	testing normally c.10 years. Current CV-19 vaccines trialed	
to know. You'll know these already from	potential impacts on fertility.	for a few months with little/no animal testing. PHASE 3	
your professional knowledge and		trials won't complete for 2 years	
experience.	. ,	https://www.bmj.com/content/370/bmj.m3096/rr	
	essentially experimental, with the possibility of	https://www.bulatlat.com/2020/08/21/hazards-of-the-	
	, , ,	covid-19-vaccine/	
	health effects		
		CV-19 vaccines may sensitize recipients to more severe	
		disease https://doi.org/10.1111/ijcp.13795	
	more severe Covid-19 illness on exposure to virus		
	post-vaccination	Potential cross-reactivity of vaccine-induced antibodies to	
		virus spike protein, with the placental protein syncytin-1,	
		could cause infertility	
		https://doctors4covidethics.org/urgent-open-letter-from-	
		doctors-and-scientists-to-the-european-medicines-agency-	
		regarding-covid-19-vaccine-safety-concerns/	
	There have been reports of some serious side-	Astra Zeneca Transverse Myelitis report	Yes/No
	effects including 2 cases of transverse myelitis and	http://www.nature.com/articles/d41586-020-02594-w	
	neurological conditions in the Astra Zeneca vaccine		
	trial.	https://www.nytimes.com/2020/09/19/health/astrazeneca	
		-vaccine- safety-blueprints.html	
	The CDC identified 6 case reports of anaphylaxis	. , , , , , , , , , , , , , , , , , , ,	Yes/No
	following Pfizer-BioNtech vaccine meeting Brighton	https://www.cdc.gov/vaccines/acip/meetings/downloads/s	
	Collaboration criteria for anaphylaxis.	lides-2020-12/slides-12-19/05-COVID-Clark-508.pdf	
		Preparations to manage anaphylaxis vaccine recipients:	
	vaccination sites to deal with anaphylaxis		

		https://www.cdc.gov/mmwr/volumes/70/wr/mm7002e1.h tm	
b. The effect of the patient's individual clinical circumstances on the probability of a benefit or harm occurring. If you know the patient's medical history, you'll know some	autoimmunity	Any patient with a history or strong family history of allergies or autoimmune conditions may choose to refuse a CV-19 vaccine.	Yes/No
of what you need to share already, but the dialogue could reveal more.	,	Doctors working with CFS/ME patients already advise them to avoid vaccination as this may trigger a relapse.	
	MHRA 09 December 2020: Any person with a history of anaphylaxis to a vaccine, medicine or food should not receive the Pfizer/BioNTech vaccine. A second dose should not be given to anyone who has experienced anaphylaxis following administration of the first dose of this vaccine	https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/information-for-uk-recipients-on-pfizerbiontech-covid-19-vaccine	
c. Risks of harm and potential benefits that the patient would consider significant for any reason. These will be revealed during your discussion with the patient about what matters to them.	Patient's individual risk from Covid-19 MUST be discussed – IFR <0.05% for <70 years to weigh up against risk from vaccine.	Covid-19 IFR estimate by age (Table 2): https://www.imperial.ac.uk/media/imperial- college/medicine/mrc-gida/2020-10-29-COVID19-Report- 34.pdf	Yes/No
	risk of severe illness, hospitalisation and preventing infection with and transmission of SARS-Cov-2.	Make patient aware that current trials are not designed to show if CV-19 vaccine will reduce their risk of hospitalisation or death or will prevent infection and transmission of virus as may affect risk v benefit profile https://www.bmj.com/content/371/bmj.m4037	
	vaccine ingredients.	Ethical/religious considerations e.g. animal products - vegetarianism/veganism, WI-38 human diploid cells (aborted foetus source) - pro-life/religious belief	

d. Any risk of serious harm, however unlikely	The Doctor MUST consider the significance that the	One example may be if a patient has first-hand knowledge	Yes/No
it is to occur.	Patient may place on risk of material harm	of a relative who has suffered serious harm following	
		vaccination.	
	Patient MUST be made aware that the vaccine	https://www.gov.uk/government/consultations/distributin	
	manufacturers have demanded and been granted	g-vaccines-and-treatments-for-covid-19-and-	
	immunity from liability for injury or death caused by	flu/outcome/government-response-consultation-on-	
	the vaccines	changes-to-the-human-medicines-regulations-to-support-	
		the-rollout-of-covid-19-vaccines#extending-immunity-	
e. Expected harms, including common side	Full list of adverse reactions in insert to be shared.	Moderna vaccine -100% of high-dose participants report	Yes/No
effects and what to do if they occur.	Common side-effects include chills, fever, myalgia,	systemic side effects after second dose, some severe	
	fatigue, arthralgia, headache, and pain at the	https://www.nejm.org/doi/full/10.1056/NEJMoa2022483	
	injection site.		
	A reaction to the first dose increases risk of a	Before a second dose, the patient must be asked about	Yes/No
	major reaction to a second dose	their reaction to the first dose.	