PROMIC
Professionals for Medical Informed Consent and Non-Discrimination

v1.0925/4

Adults and young people aged 16 or over

STATUTORY DECLARATION
COVID-19 VACCINATION EXEMPTION FORM

COVID-19 vaccines, that have been administered to the public under emergency use authorisation, have been associated with moderate to severe adverse events and deaths in a small proportion of recipients. There are currently insufficient available long-term safety data from Phase 3 trials and post-marketing surveillance to be able to predict which population sub-groups are likely to be most vulnerable to these reactions. However, clinical assessments have identified a range of conditions or medical histories that are associated with increased risk of serious adverse events (see Panel B). Individuals with such medical concerns, along with those who have already had COVID-19 and acquired natural immunity, have justifiable grounds to not consent to COVID-19 vaccination. Such individuals may choose to use alternate approaches to reduce their risk of developing serious COVID-19 disease and associated viral transmission. UK and international law enshrines an individual's right to refuse any medical treatment or intervention without being subjected to penalty, restriction or limitation of protected rights or freedoms, as this would otherwise constitute coercion.

Panel A

Full name (first name and surname):

Home address:

City: County/state:

Postal/zip code: Country:

Contact telephone: Contact email:

Date of birth (dd/mm/yyyy) [if relevant]:

Nationality [if relevant]:

Passport number [if relevant]:

Panel B

- ☐ I have a personal and/or familial medical history of allergic, anaphylactic or seriously debilitating reactions to foods, medications, vaccines or environmental chemicals
- ☐ I have a personal and/or familial medical history of one or more autoimmune conditions or diseases
- ☐ I have a personal and/or familial medical history of chronic fatigue syndrome (CFS), myalgic encephalomyelitis (ME) or other post-viral condition(s)
- ☐ I have a personal and/or familial medical history of a neurological or inflammatory disease or condition
- ☐ I have learning difficulties, autism spectrum disorder or another developmental disability
- ☐ I am under medical supervision for an acute, serious or long-term disease
- ☐ I have serious concerns about the as-yet unknown long-term effects of COVID-19 vaccines on fertility, immune dysfunctions including ADE, auto-immunity, allergy or their potential to induce other complications
- ☐ I have declined COVID-19 vaccination given inadequate available long-term safety data, and/or religious or philosophical reasons
- ☐ I have, or I believe I have previously had COVID-19 and have, or am likely to have, acquired natural immunity

STATUTORY DECLARATION

I hereby declare that the information provided in this form is correct and true to the best of my information and belief. I have medical, religious or philosophical concerns and accordingly do not consent to receive COVID-19 vaccines or gene therapy products.

Declared at [city/town]: in the county, state or region:

this [date]: day of [month]: [year]:

Before me,

Name: Signature: Signature of declarant:

Name and signature of Solicitor, Notary of the Public, Justice of the Peace, Commissioner for Oaths or other qualified person who has witnessed this statutory declaration