

- HEALTH SURVEY SHEET -
INFORMATION FOR UNVACCINATED CHILD OR ADULT

1. AGE of UNVACCINATED person/child _____

2. SEX: Male ___ Female ___

3. Was the mother vaccinated during pregnancy? Yes ___ No ___ Don't Know ___

4. Did this person/child receive a "Vitamin K" shot at birth? Yes ___ No ___ Don't Know ___

5. Please list below, all professionally diagnosed *chronic diseases* known to be suffered by the subject of this survey sheet, such as; autoimmune disorders, cancer, arthritis, heart problems, thyroid issues, kidney, liver, and/or other organ dysfunction, severe or chronic digestive dysfunction, neurological or brain dysfunction, serious or life-threatening allergies, diabetes, learning disabilities, and/or any other permanent disabilities, that this unvaccinated child/person has, or has ever had, by listing the known name/s of any and all medical diagnoses below: (**Note:** Do not include disabilities caused by sudden accidental physical injuries)

5.1. _____ Approximate date of diagnoses _____

5.2. _____ Approximate date of diagnoses _____

5.3. _____ Approximate date of diagnoses _____

5.4. _____ Approximate date of diagnoses _____

5.5. _____ Approximate date of diagnoses _____

5.6. _____ Approximate date of diagnoses _____

5.7. _____ Approximate date of diagnoses _____

5.8. _____ Approximate date of diagnoses _____

5.9. _____ Approximate date of diagnoses _____

5.10. _____ Approximate date of diagnoses _____

5.11. _____ Approximate date of diagnoses _____

Please request, or add your own, extra sheet if more space is needed.

6. Estimated number of "**serious**" *infectious* illnesses *recovered from* since birth: _____

7. **CONFIDENCE RATING:** With ten (10) as the highest "Confidence Rating", and one (1) as lowest Confidence Rating, what is your Confidence in the health (i.e., ability for regular physical and mental activities) of the subject of this survey? Confidence Rating: _____

I swear under penalty of perjury in the State of California that I have direct personal knowledge of the health information of the person who is the survey subject above, and that, to the best of my knowledge, this person has never received a vaccination and the health information listed above is accurate.

DATE: _____ **Signature:** _____ **(FOR REDACTION)**

PRIVACY NOTICE: The Control Group Initiative hereby warrants that all personally identifying information will be REDACTED before any documents are copied or shared, and that, originals *shall* at all times be kept in a secured location until destroyed. *Our Surveyors may need to testify under oath ("authenticate") that our respondents are real people who swore their answers were truthful.* However, the law does not require us to share the *identities* of our respondents with anyone, even when submitting these surveys as evidence in court. **The law prohibits disclosure of identifying health info.**