

Your Name
Your Address

Dated : (*Today's Date*)

To whom it may concern

I *Your Name*” wish it to be known and understood that as from the date appearing on this document and in the event that I am incapacitated in any way whatsoever and unable to voice or make my decision known and “In accordance with my Human rights (Article 6.1 UK law and Article 6.1 2005 UNESCO bioethics human rights statement”):

I wish it to be known that I DO NOT give consent and I refuse to allow any form of Coronavirus, Covid19 or SARS Cov2 testing or vaccinations to be conducted or performed either internally or externally on any part of my body prior to any medical treatment.

Any such attempt will be in direct contravention of my wishes and will be treated as common assault and in contravention of my human rights mentioned above and will be the subject of prosecution in law of those involved in this action.

Please let it be known that should I be refused any current or future necessary medical treatment, procedures, or operations deemed necessary for continued good health as a direct result of refusing to be Covid Tested, the hospital/centre is acting in direct contravention of my Human Rights (**UNESCO Bioethics & Human Rights 2005 . Article 6.1 Consent**)... this will also be in direct contravention of my Human Rights and will be subject to legal action.

Signed

Your Name

Witnessed

Witness Name

Witness Address