

Your Name
Your Address

Dated : (*Today's Date*)

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 mine and my unborn baby's 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.

This request does not remove my rights to necessary NHS treatment that is deemed necessary for continued good health of myself and my unborn child and only refers to **testing and vaccination of SARS-CoV2 (Covid 19 and associated Vaccinations)**.

****Please note that at no time do I give consent for medical staff to force me to wear a mask during the time of my future labour or be refused necessary pain relief i.e. Entonox (Gas & Air) as a result of rules concerning mask wearing – this is in direct contravention of my Human Rights UNESCO- Bioethics & Human Rights 2005 – Article 6.1 - Consent)**

Any such attempt in contravention of my wishes 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.

Signed

Your Name

Witnessed

Witness Name

Witness Address