

(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 accordance with my Human rights (Article 6.1 UK law and Article 6.1 2005 UNESCO bioethics human rights statement - Consent”): which reads:

UNESCO Bioethics & Human Rights 2005
Article 6 – Consent

1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and **may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.**

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 any vaccinations to be conducted or performed either internally or externally on any part of my body.

This refusal does not remove, disadvantage or prejudice my rights to continued Training/Employment/ and/or any and all existing activities offered to me prior to intention of medical intervention.

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