

(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 my Human rights (**Article 6.1 UK law and Article 6.1 2005 UNESCO bioethics human rights statement**)”):  
**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 The consent should, where appropriate, be express and **may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.**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 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 and only refers to **testing and vaccination of SARS-CoV2.**

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**