

(Your Name)

(Your Address)

Tel: ()

Email: ()

Dated : (Today's Date)

For the attention of (Your GP)

(Address of GP Practice)

To (Doctor's Name)

Further to your request that I attend to receive the Covid 19 (SARS-CoV2) vaccination, I 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 & 6.3 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 The consent should, where appropriate, be express and **may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.**

Article 6.3

In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned

may be sought. **In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.**

I wish it to be known that I DO NOT give consent and I refuse to allow any form of Coronavirus, Covid19(SARS Cov2) testing or vaccinations to be conducted or performed on any part of my body and would kindly request that I do not receive any further requests from the practice or those representing the practice to be vaccinated.

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