

(Your Name)

(Your Address)

Tel: ()

Email: ()

Dated : (Today's Date)

For the attention of (Name of person requesting you are vaccinated)

(Address of Person/Department)

To (Person's/Department Name)

Further to your request that I attend to receive the (Name of vaccination)

vaccination. I wish it to be known and understood that “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 The consent should, where appropriate, be express and **may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.**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 be vaccinated in accordance with your request.

I would kindly request that I do not receive any further requests from you or those representing you to coerce me into being vaccinated. This request does not remove my rights to necessary NHS treatment that is deemed necessary for continued good health and only refers to the vaccination. 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