

**\* Tailor all highlights to your circumstances then delete this instruction!**

## Form for Employees to Employer

DEAR X *[Head of HR or COVID-19 Department, Task Force, Division, Etc.]*:

As an employee, I am requesting that you review, provide the information requested herein, including the documents, guidance and data relied upon in support, and sign this form in regards to your policies and requirements that we agree to use, receive, or undergo emergency use authorized (“EUA”) masks, tests, or shots in relation to efforts to detect, prevent the transmission of, and/or reduce symptomology of SARS-CoV-2 (“EUA protocols”). Please respond by \_\_\_\_\_ 2021. If I do not receive a response from you by this date, I will presume that you have withdrawn its requests. I will also still not have enough information to determine the appropriateness of your / your medical recommendations for me, or to understand the details and terms of your policy(ies), which are ambiguous and material to our agreement to modify the exiting terms of our current **enrollment / employment agreement**. Without this information I cannot agreed to or abide by any request to use, receive or undergo any EUA products, or to alter material terms of our current **enrollment / employment agreement**.

Thank you, in advance, for taking the time to provide me with the following:

1. I am concerned that if I have health issues from any of the EUA protocols I will not have health coverage for those effects. If I agree to use, receive, or undergo any of these EUA protocols, **will my student / employee health insurance plan provide complete coverage should I experience an adverse event?**

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2. If I were not asked by you to use, receive, or undergo any of the EUA protocols as a condition of being on campus, I would not be considering using any of them. As a **student / employee** of you following your mandate against my free will, **will you provide any other medical or financial support to me or my family if I have an adverse event and am unable to work for days, weeks, or months, or if I become disabled and unable to work in the future?**

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3. The Food and Drug Administration (“FDA”) requires that EUA product recipients be provided with specific information to help the recipient make an informed decision whether or not to use, receive or undergo them. The EUA fact sheets that

must be provided are specific to each authorized product, and must provide the most current and up-to-date information on the injections, including adverse events, new side-effects, breakthrough infections, etc. (“current information”). **Have you read, understood, and provided me with all fact sheets with current information regarding the EUA protocols so that I can make an informed decision whether or not to use, receive, or undergo them? If not, can you please provide this to me?**

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4. **Have you reviewed the available databases of material adverse events reported to date for people who have received COVID-19 shots?**<sup>1</sup> Potential and reported adverse events include death, anaphylaxis, neurological disorders, autoimmune disorders, other long-term chronic diseases, blindness and deafness, infertility, fetal damage, miscarriage, and stillbirth. **Could you please provide the long-term safety data and studies relied upon by you in making its determination regarding how these shots could affect my health?**

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5. **FOR WOMEN OF CHILDBEARING AGE: If I plan to get pregnant in the next five (5) years, can you tell me how these shots may affect my pregnancy, baby, childbirth, milk production, breastfeeding. Please provide your written policy on this, as well as copies of the information and data you relied upon to come to these medical conclusions:**

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6. The FDA’s guidance on EUA of medical products requires the FDA to “ensure that recipients are informed to the extent practicable given the applicable circumstances... [t]hat they have the option to accept or refuse the EUA product[.]” With respect to the EUA of an unapproved product, the Federal Food, Drug and Cosmetic Act, Title 21 U.S.C. 360bbb-3(e)(1)(A)(ii)(I-III) reiterates that individuals be informed of “the option to accept or refuse administration of the product, [and] of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.” **Do I have the option to refuse the injection? What are the consequences if I refuse the EUA injection? Please provide your written policy on this, as well as copies of the information and data you relied upon to come to these medical conclusions:**

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7. EUA products are unapproved, unlicensed, and experimental. Under the *Nuremberg Code*, no person can be coerced to participate in a medical experiment. The individual’s consent is absolutely essential. This sentiment is mirrored in all FDA regulations involving human experimentation, [IF CA] in addition to California *Health & Safety Code*, Section 24170 *et seq.* which codifies quite clearly that “medical experimentation” is to be “done in such a way as to protect the rights of the human subjects involved.” It further states that it is of paramount importance that California “protect[] citizens of the state from unauthorized, needless, hazardous, or negligently performed medical experiments on human beings,” and, thus, the Legislature declared it to be “the intent of the Legislature . . . to provide minimum statutory protection for the citizens of this state with regard to human.” No court has ever upheld a mandate for an EUA vaccine. In *Doe #1 v. Rumsfeld*, 297 F. Supp. 2d 119 (2003),<sup>2</sup> a federal court held that the U.S. military could not mandate EUA vaccines for soldiers: “[T]he United States cannot demand that members of the armed forces also serve as guinea pigs for experimental drugs” (*Id.* at 135). **Is it your position that it can legally demand that students, faculty, and/or staff serve as “guinea pigs” for EUA drugs? Is it your policy that this is allowed to be demanded against the will of its students, faculty, and/or staff, and with the threat of being excluded from campus as a consequence of doing so?**

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8. According to Federal Trade Commission (“FTC”) Guidelines and the FTC’s “Truth In Advertising,”<sup>3</sup> promotional material—and especially material involving health-related products—**cannot mislead consumers, omit important information, or express claims.** All of this falls under the rubric of “deceptive advertising” (whereby an entity is providing or endorsing a product), whether presented in the form of an ad, on a website, through email, on a poster, or in the mail. For example, statements such as “all students are required to get the Covid-19 vaccine to make the campus safe” or “it’s safe and effective” leave out critical information. **“Critical information” includes facts such as that currently-available COVID-19 injections are unapproved by the FDA, do not prevent contraction of COVID-19, allow for the undetected transmission of COVID-10, and could, in fact, cause harm.** Not providing links or attachments of the manufacturers’ fact sheets and current information on adverse events is omitting safety information. **What is your policy on promoting these products? Please provide copies of your written policy regarding the rules surrounding the promotion of the EUA protocols, as well as copies of all items advertising, encouraging the use, receipt, or undergoing of any of the EUA protocols:**

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9. **Since the lockdowns began, there have been over 178 data breaches of unsecured protected health information (“PHI”) investigated by the Office for Civil Rights. These breaches exposed millions of individuals’ PHI. Although many of these incidents were attributed to hacking, some of the breaches fell directly under the 1996 Health Insurance Portability and Accountability Act (“HIPAA”), such as sharing a patient’s or person’s information with an unauthorized individual or incorrectly handling PHI.<sup>3</sup> Can you please explain your HIPAA obligations to me? How are you going to protect my PHI? What measures, policies, procedures, database, security system, software, and/or technology will you use to protect my/ child’s PHI? Will I have access to my PHI? Who will have access to my PHI?**

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10. The CDC and other public health officials have recently indicated that vaccinated individuals can get infected and spread virus at similar rates to unvaccinated persons. Because of this, there have already been tens of thousands of “breakthrough cases” reported throughout the world. **Can you please identify the purpose or goals of your policies? Given this information, could you please explain why your policy distinguishes and discriminates between and against vaccinated and unvaccinated persons? Given this information, could you please explain how vaccinated individuals – who pose just as great if not greater threat to our community – are not subject to *more* rigorous “safety protocols”? Please provide your written policy on this, as well as copies of the information and data you relied upon to come to these medical conclusions:**

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11. In the past, natural immunity has been more exhaustive and robust than vaccinated immunity. **Given that your blanket mandate compels community members who have already contracted and recovered from COVID-19 to receive a COVID-19 shot, is it your position that natural immunity is less robust or protective from SARS-CoV-2 than the immunity currently offered by the currently-available COVID-19 shots? Please provide your written policy on this, as well as copies of the information and data you relied upon to come to these medical conclusions:**

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12. **Is it your position that masks are effective at transmitting SARS-CoV-2 nanoparticles? Is this only in symptomatic individuals, or asymptomatic as well? What data did you rely upon in making a risk/benefit analysis regarding the wearing of masks? Please provide your**

written policy on this, as well as copies of the information and data you relied upon to come to these medical conclusions:

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13. Is the person completing this form licensed to practice medicine in California? If yes, please provide said individual's medical license number, date of issuance, date of expiration, current status, and history of any discipline or suspension.

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14. If the person completing this form is not licensed to practice medicine in California, did you consult with a provider licensed to practice medicine in California in completing this form? If yes, please provide said individual's medical license number, date of issuance, date of expiration, current status, and history of any discipline or suspension.

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15. Did you consult with a provider licensed to practice medicine in California in drafting its SARS-CoV-2-related masking, testing, and injection policy(ies)? If yes, please provide said individual's medical license number, date of issuance, date of expiration, current status, and history of any discipline or suspension.

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16. If you did *not* consult with a provider licensed to practice medicine in California in drafting its SARS-CoV-2-related masking, testing, and injection policy(ies), please explain (1) why not, and (2) who, if anyone, it did rely upon, whether a real person or entity, including name, address, phone number, and email:

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17. Did you know under *CA Penal Code, § 273a* any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or

permits that child to be placed in a situation where his or her person or health is endangered, shall be punished by imprisonment in a county jail not exceeding one year, or in the state prison for two, four, or six years? Did you know that under subsection (b), any person who does or causes the above under circumstances or conditions *other than those likely* to produce great bodily harm or death, is guilty of a misdemeanor?

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18. Did you know under *CA Penal Code, § 192b* it is the unlawful killing of a human being if that person dies (1) during the commission of an unlawful act, *not* amounting to a felony; OR (2) in the commission of a lawful act which might produce death, in an unlawful manner, or without due caution and circumspection?

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**I affirm/deny (circle one) that your policies regarding EUA testing, masking, and vaccinating in relation to SARS-CoV-2 require that employees be denied access to work should they decline to receive a COVID-19 injection without a legal exemption, and/or if they refuse to use other EUA protocols, such as a face covering mask and rt-PCR testing, as may be required by the Policy.**

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Authorized Officer of the  
Printed Name & Title

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Authorized Officer of you  
Signature

\_\_\_\_\_  
Date

Endnotes:

Vaccine Adverse Event Reporting System. <https://vaers.hhs.gov>; CDC WONDER. About the Vaccine Adverse Event Reporting System (VAERS). <https://wonder.cdc.gov/vaers.html>; National Vaccine Information Center. Search the U.S. Government’s VAERS Data. <https://www.medalerts.org/>. Doe #1 v. Rumsfeld, 297 F. Supp. 2d 119 (2003). <https://www.courtlistener.com/opinion/2326816/doe-v-rumsfeld/>

<https://www.ftc.gov/news-events/media-resources/truth-advertising>

[https://ocrportal.hhs.gov/ocr/breach/breach\\_report](https://ocrportal.hhs.gov/ocr/breach/breach_report)

Federal Trade Commission. Advertising FAQ’s: A Guide for Small Business.

<https://www.ftc.gov/tps-advice/business-center/guidance/advertising-faqs-guide-small-business>.

Federal Trade Commission. Truth in Advertising. <https://www.ftc.gov/news-events/media->

[resources/truth-advertising.](#)

U.S. Department of Health and Human Services. Office for Civil Rights. Breach Portal: Notice to the Secretary of HHS Breach of Unsecured Protected Health Information.

[https://ocrportal.hhs.gov/ocr/breach/breach\\_report.jsf;jsessionid=618E88DD94EE65D46D5785CB2A643553.](https://ocrportal.hhs.gov/ocr/breach/breach_report.jsf;jsessionid=618E88DD94EE65D46D5785CB2A643553)

<http://market-ticker.org/akcs-www?post=242282>

<https://www.natlawreview.com/article/osha-s-new-guidance-recordability-covid-19-vaccine-reactons>

SARS-CoV-2 infection induces sustained humoral immune responses in convalescent patients following symptomatic COVID-19: <https://www.medrxiv.org/content/10.1101/2020.07.21.20159178v1>;

SARS-CoV-2 antibodies protect from reinfection:

<https://pubmed.ncbi.nlm.nih.gov/32979941/>. <https://www.nih.gov/news-events/nih-research-matters/lasting-immunity-found-after-recovery-covid-19>;

SARS-CoV-2 infection induces long lived bone marrow plasma cells in humans:

<https://www.nature.com/articles/s41586-021-03647-4>;

A long-term perspective on immunity to COVID: <https://www.nature.com/articles/d41586-021-01557-z>