
Conditional Acceptance Letter

Your Name

Street
City 123 45
(+XX) 000-00 00 00
no_reply@example.com

04 January 2022

Name of employer

CEO, Business name
Street
City 123 45

I write with regard to the matter of potential covid vaccine and my desire to be fully informed and appraised of ALL facts before going ahead. I'd be most grateful if you could please provide the following information, in accordance with statutory legal requirements.:

1. Can you please advise the approved legal status of any vaccine and if it is experimental?
2. Can you please provide details and assurances that the vaccine has been fully, independently and rigorously tested against control groups and the subsequent outcomes of those tests?
3. Can you please advise the entire list of contents of the vaccine I am to receive and if any are toxic to the body?
4. Can you please fully advise of all the adverse reactions associated with this vaccine since it's introduction?
5. Can you please confirm that the vaccine you are advocating is NOT experimental mRNA gene altering therapy?
6. Can you please confirm that I will not be under any duress from yourselves as my employers, in compliance with the Nuremberg Code?
7. Can you please advise me of the likely risk of fatality, should I be unfortunate to contract Covid 19 and the likelihood of recovery?
8. Can you please advise me if I were to experience any adverse reactions is the manufacturer of the vaccine liable? If the manufacturer isn't liable will the company I'm currently employed with be responsible & liable as it is their request that I have the vaccine in order to carry on my employment?

Once I have received the above information in full and I am satisfied that there is NO threat to my health, I will be happy to accept your offer to receive the treatment, but with certain conditions – namely that:

1. You confirm in writing that I will suffer no harm.
2. Following acceptance of this, the offer must be signed by a fully qualified doctor who will take full legal and financial responsibility for any injuries occurring to myself, and/or from any interactions by authorized personnel regarding these procedures.
3. In the event that I should have to decline the offer of vaccination, please confirm that it will not compromise my position and that I will not suffer prejudice and discrimination as a result?

I would also advise that my inalienable rights are reserved.

Your Name / Signature Employers Name / Signature