

The Legally Compulsory Australian Immunisation Handbook

'CRITERION 2. VALID CONSENT' TEMPLATE

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<http://www.vaxrisk.org/LPOA.pdf>

STATEMENT: I AM THE PRACTITIONER ADMINISTERING THIS COVID INJECTION

Practitioner named RN. CONNY SCHULLER and DR. LEE ROUSE in the State of NSW
address 97-99 Macintosh St, FORSTER, 2428

I state and say as practitioner administering this injection, that I have been informed by the person named as follows ELEN PAULINE BERGIN-Bushell who is expected to take this injection from me, that this person presents for the injection under involuntary, and extreme undue pressure, coercion or manipulation, by the government and/or employer to be injected. I fully understand that this extreme undue pressure, coercion or manipulation to be injected, is brought about by the government mandates of fines and exclusion from schools, hospitals, public venues etc. and the employer making threats of employment termination if the person is not injected as directed by the employer.

I fully acknowledge that The Australian Immunisation Handbook Guidelines requires me at law, to fully and comprehensively screen anyone before injection, and obtain their Valid Consent to the injection, specifically under Valid Consent Criterion 2., which obliges me legally to ensure the injections are given ONLY voluntarily and in the absence of undue pressure, coercion or manipulation.

I therefore (as Practitioner administering this injection), fully understand and fully agree, that if I proceed with injections after now being advised that the injections are not voluntary and are expected to be done under extreme undue pressure, coercion or manipulation, that I am violating The Australian Immunisation Handbook Guidelines Criterion 2. On 'Valid Consent'., I also fully understand, if I proceed to Covid-Inject, I will be committing a Criminal Act of Assault and Battery; and I will be liable and will be criminally charged and pursued personally and professionally (as will my employer be), under both criminal statute law and civil TORT litigation for ALL damages and harm caused.

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Signed by practitioner administering OR refusing to administer this injection

Practitioner Name: DR. LEE ROUSE and R.N. Conny Schuller (Accredited Immuniser)

Practitioner Organisation: Macintosh Medical Centre

Date signed or refused 31/8/22

Date injections refused 31/8/22

 31/8/22