



The World Foundation for Natural Science[®]

The New World Franciscan Scientific Endeavour of The New World Church

Restoring and Healing the World through Responsibility and Commitment in accord with Natural and Divine Law!



Universal Declaration on Bioethics and Human Rights of

The United Nations Educational, Scientific and Cultural Organisation (UNESCO), Article 6:

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 The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.

World Medical Association – DECLARATION OF GENEVA

“The new Hippocratic Oath” (October 2017)

The Physician's Pledge

AS A MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;

THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;

I WILL RESPECT the autonomy and dignity of my patient;

I WILL MAINTAIN the utmost respect for human life;

I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;

I WILL RESPECT the secrets that are confided in me, even after the patient has died;

I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice;

I WILL FOSTER the honour and noble traditions of the medical profession;

I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;

I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;

I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;

I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;

I MAKE THESE PROMISES solemnly, freely, and upon my honour.

If you are urged to be vaccinated under the threat of freedom of movement or access restrictions and/or on the basis of a declared "mandatory vaccination" requirement, you should first ask the vaccinator some important questions and have them answered in detail before giving your consent to vaccination.

Questions to be asked to the vaccinating person

The person responsible for vaccination must be able to answer the following questions conclusively:

1. How dangerous is the disease for which I or my child are being offered a vaccine? Is it **life-threatening or crippling**? What is the likelihood that I or my child will fall ill with it and what short and long-term health problems can result from such an illness?
2. How **effective** is the vaccine?
3. How **dangerous** is the vaccine? What is the likelihood of **adverse effects** (including the risk of dying from them or of persistent disability)? What is the likelihood that, because of the vaccine, I or my child will become infected with the disease for which I am being vaccinated?
4. What are the detailed **side effects** associated with the vaccine?
5. Which patients should not be given the vaccine due to **previous illnesses** and impaired health (contraindications) (e.g. asthma, eczema or inflammatory bowel disease are **contraindications** where there is a much higher risk of the vaccine causing side effects in vaccinated people of all ages)?
6. Do vaccinated adults or children enjoy a **stronger immune system** than unvaccinated ones and are therefore generally less ill?
7. Vaccination has been carried out worldwide for decades. Are there **comparative studies** on the health of fully vaccinated and unvaccinated people that document a long-term health benefit of vaccination? If so, would you please show me these studies?
8. Is it justifiable and necessary to have a **medical intervention** (including vaccinations) for a **healthy child**?
9. For what reasons should **immunocompromised children**, for example, not be vaccinated? Can a vaccination have a negative effect on a child's immune system?
10. When people talk about vaccinations as a **prophylactic measure**, the question arises whether vaccinations can actually achieve this. Are they **EFFECTIVE** (actual protection?), **SAFE** (effect of the toxic ingredients?) and medically **NECESSARY** (severity of the disease, alternatives?)
11. Why are vaccinations administered to the muscle if they bypass the body's own immune system barriers (skin, mucous membrane, lymphatic system)?
12. Let us look through the vaccine **patient information leaflet** together. Please give me the information leaflet to take home for inspection (**time to think about it**), as is also possible with other drugs.
13. Which **authorities** are investigating and evaluating possible **vaccination responses** and how exactly do these authorities relate to vaccine manufacturers?
14. What criteria and scientific evidence are used to assess in each individual case if and how **symptoms occurring** after vaccination are linked to the administration of the vaccine?
15. On the basis of what scientific data is it justifiable that healthy people are contaminated with the known **toxins in vaccines** (e.g. aluminium, formaldehyde, mercury residues, nanoparticles, genetically modified cells, ethanol, acetone, phenol, polysorbate 80, antibiotics, cells from aborted foetuses, foreign proteins, adjuvants, etc.)? What **effects** do these toxic substances have on my health/the health of my child?
16. Who carries the **responsibility** for side effects caused by vaccines? And who pays financially for any **resulting damage**?
17. **Can you guarantee** that the vaccine will protect me or my child from the disease the vaccination is against? If not, what is the benefit of the vaccine?
18. **Can you guarantee** that this vaccine will not harm me or my child? If not, what side effects can be expected and how serious are these **in the short and long term**?
19. Do you take full **responsibility** for any side effects caused by this vaccine?

Medical Vaccination Certificate

I, the undersigned, declare bindingly that the vaccine _____ (exact name of the vaccine and of the manufacturer, especially batch number) is given for the prevention (prophylaxis) of the following disease(s) (in case of polyvalent vaccines note all):

I hereby declare that this vaccine has been comprehensively tested scientifically, is safe, effective and free from contamination of any kind, and can therefore be administered without further concern to the person named below.

I administered this vaccine today to:

First name, surname

Date

Place, postal code

Date of birth

At the time of vaccination, the person to be vaccinated was completely healthy, which I have confirmed by a detailed examination. I can certify that he or she did not have any cramps, neurological disorders, allergies or intolerances before the vaccination.

I assure that the vaccine administered is completely safe for the life and health of the vaccinated person and will not cause any direct or indirect damage, secondary diseases or even death.

I further assure that the vaccine administered will protect against the disease against which it is given for at least ____ years. Should the disease against which the vaccination was administered nevertheless occur during this period, I will voluntarily and without prior legal proceedings fully compensate for the resulting damage. If any physical or psychological damage is caused by the vaccination administered today, I commit to compensate the vaccination victim or his family or relatives in full for the damage without any delay or recourse to a court.

Before the vaccination, the person to be vaccinated or those responsible for the person, such as parents/guardians, were informed in detail about the composition of the vaccine, all possible side effects and were given the patient information leaflet belonging to the vaccine.

Place: _____ Date _____

Name and legally binding signature of the doctor