**Letter to your employer**

PLEASE NOTE: Please read this template letter carefully, and if the contents describe your circumstances, you may wish to use it. These letters are just templates and can be adapted by you including adding and removing items that suit. This letter does not contain legal advice. It does not describe your individual circumstances. it is general and contains information that is readily available to the public. If you send this letter to anybody you will be sending this letter in your own capacity. Do not send this letter if you are not comfortable with its contents.

Your Name
Position
Address/Email

Name

Position

Address

Sent via email: <EMAIL ADDRESS>

Date

Dear <Name>

I am writing to you in relation to the Covid-19 vaccination requirement and my request to be fully informed and appraised of ALL information to make an informed choice. Please note that without providing full disclosure, I could not provide my personal consent for partaking in any medical procedure.

As such, I am not declining any medical procedure, however, in order to make an informed choice, I require clarification regarding the following information;

1. Can you please advise the approved legal status of any Covid-19 vaccine in Australia and whether 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 provide the subsequent outcomes and details of those tests?
3. Can you please advise the entire list of contents of the Covid-19 vaccines available in Australia?
4. Can you confirm that none of these ingredients are toxic to the human body?
5. Can you please list all the possible adverse reactions associated with Covid-19 vaccines since their introduction?
6. Can you please confirm that the vaccine you are advocating is NOT 'experimental mRNA gene-altering therapy'?
7. If I agree to receive a Covid-19 vaccine will my health insurance plan provide complete coverage, should I experience an adverse reaction or even death?
8. As my employer, can you confirm that my work (life) insurance policy provides coverage in the event that I die from receiving the Covid-19 vaccine?
9. As my employer, will you take full financial responsibility and accept full liability by providing me with Workers' Compensation or disability insurance, if I have an adverse reaction to the Covid-19 vaccine and am unable to come to work for days, weeks, or months or if I am permanently disabled?
10. Can you please advise me of the likelihood of recovery of health, should I contract Covid-19?
11. Can you please advise me of the likely risk of fatality, should I contract Covid-19?
12. Please provide confirmation that the Covid-19 vaccination is fit for purpose by supplying evidence that any Covid-19 vaccination would limit transmissibility of the viral infection?

Further to the above, I am also requesting to understand to what extent your requirement that I take a Covid-19 vaccine is a lawful or reasonable workplace direction. Please could you respond to these questions and requests:

1. Are you making this request under a specific law? If so, please specify the specific law (including the section and subsection that relates to the mandating of the Covid-19 vaccine).
2. Please identify the matters to which you have considered in issuing this requirement or in forming the view that it is a reasonable requirement.

3. Please provide me with a brief account with your understanding of the following

 matters in the event that they or any of them were among the matters to which you had regard in issuing the requirement:

1. the extent of community transmission of Covid-19 in the location of the workplace, including the risk of transmission among employees,

 customers/patients or other members of the community;

1. the extent to which the covid vaccine is a reasonable control measure in eliminating or minimising the risk of exposure to Covid49 or in eliminating or minimising the risk of contracting Covid-19;
2. whether any and if so, what other control measures are available as an alternative to the Covid-19 vaccine in controlling or preventing the risk of infection (such as rapid antigen testing);
3. the considerations and risk assessments you have taken into account in issuing this requirement regarding my individual work circumstances, including the duties and risks associated with my work; and
4. whether and if so, how you will accommodate employees who have a legitimate reason for not being vaccinated and the details of such

 accommodations.

4. Please provide me with the information regarding when the long-term safety data for the Covid-19 vaccine will be available (given that it is currently classified as only provisionally approved by the TGA).

Once I have received the above information in full and I am satisfied that there is NO threat to my health, I may be willing to follow the direction to receive the Covid-19 vaccination, but this will be limited to the following condition:

1. **A)** ***You confirm in writing that I will suffer no harm.***

Following acceptance of the confirmation of no harm, the direction to have a Covid‑
19 vaccination must be signed by a fully qualified doctor who will take FULL legal

and financial responsibility and LIABILITY for ANY injuries occurring to myself, following throughout the years of my life up until death, including potential injuries arising from any interactions by any health, medical, biosecurity officers or otherwise authorised personnel regarding these medical treatments.

In the event that I should have to decline the direction to have the Covid-19 vaccination, or I am still unable to make an informed decision and/or I do not believe it is a reasonable direction, please confirm that it will not compromise my position in employment, that I will suffer no adverse action and that I will not suffer any prejudice, discrimination and duress as a result.

I am not resigning from my position, I wish to remain employed and I remain available to work.

*Please note that an employee has the right to file legal action against the individual representing the company should they suffer an adverse reaction, death, or termination from their place of employment.*

I would also advise all my legal rights are reserved and I await your full comprehensive response to the questions that I have raised in this correspondence.

Kind Regards, <Name>