FIRST, DO NO HARM.

A GUIDE FOR PRACTITIONERS AND HEALTHCARE WORKERS' ABOUT **INFORMED CONSENT** FOR **COVID SHOTS IN INFANTS AND CHILDREN.**

As a **physician or healthcare worker**, you have a duty to patients and medical ethics. **Patients have the right to "informed consent" before they receive a medical procedure** for themselves or their dependents—especially when the procedure is experimental and used under an emergency use authorization.

By law, patients must be informed of the significant known or potential adverse effects of the treatment. Are you doing your part in sharing this information? If you recommend these shots to infants and young children, given all you know (or should know), **will you be upholding your oath?** If not, is it possible that your acts could later be seen as reason to remove your medical license?

Please read the following information carefully and acknowledge that you've shared this data with your patients so they can make an **informed decision.**

- ☐ I understand there are **no long-term safety data for COVID vaccination of young children**, and the proposal is to vaccinate children under an Emergency Use Authorization (EUA). These facts establish that **vaccinating small children for COVID-19 is an experiment**, not a standard medical procedure.

- ☐ I understand that **children have a 99.995% recovery rate**, and a large body of medical literature indicates that almost zero healthy children under five years old have died from COVID.

- ☐ I understand that **the COVID vaccines do not prevent transmission, nor do they prevent infection.** There is no statistically valid evidence that they prevent severe disease or deaths in children. Current mRNA injections were formulated based on the original Wuhan strain and were not tested for benefits against current variants in clinical trials.

- ☐ I understand that **most children are already immune. Natural immunity is superior to vaccine-induced immunity,** and vaccinating the already immune is superfluous and potentially harmful. CNBC reported in April 2022, "An estimated 95% of the U.S. population ages 16 and older had developed antibodies against the virus either through vaccination or infection as of December, according to a CDC survey of blood donor samples." In February of 2022, the CDC said over **75% of children already have partial or full immunity to COVID.**

- ☐ I understand that unnecessary vaccination will put children at **elevated risk of vaccine harm** when it appears that **most are already immune and will obtain no benefit.**

- [ ] I am aware that multiple studies have suggested that **vaccinating after infection increases the risk of vaccine-induced side effects such as myocarditis.**

- [ ] I understand the **risks demonstrably outweigh the benefits of COVID vaccination in children.** A study out of Hong Kong showed one out of every 2,700 12-17-year-old boys are diagnosed with myocarditis following the 2nd dose of Comirnaty vaccine (37 per 100,000 vaccinated). A study from Kaiser found the same rate of myocarditis in 12-17-year-old American boys, 1/2700.

- [ ] I understand that **myocarditis is not a mild disease.** The CDC's own preliminary data, reported at the February 4 ACIP meeting, revealed that nearly half of the young people diagnosed with myocarditis still had symptoms 3 months later, and 39% had their activity restricted by their physician. We know this serious adverse event frequently occurs in teenagers, but no one knows how often it occurs in younger children. This is of significant concern for babies and younger children.

- [ ] I understand that **over one million adverse reactions have been reported after mRNA shots in Vaccine Adverse Events Reporting System (VAERS),** which include anaphylactic shock, allergic reactions, blood clotting and bleeding disorders, myocarditis, pericarditis, stroke, heart attacks, tinnitus, death, and more.

- [ ] I understand **some children will likely die and others will be permanently injured from these vaccines** based on reporting to the current VAERS database. The latest data shows a total of 1,287,595 reports of adverse events from all age groups following COVID vaccines, including 28,532 deaths and 235,041 serious injuries between Dec. 14, 2020, and May 27, 2022.

- [ ] I am aware **that the Pfizer clinical trials for children 2 through 4 years old failed to meet FDA-specified requirements for COVID vaccine EUAs.** The vaccines did not show 50% efficacy nor meet the required 30% lower bound with a 95% confidence interval. I'm aware this product failed FDA's established criteria in its clinical trials.

- [ ] I am aware that **the pediatric clinical trials for the COVID vaccines were too small** (the booster trial for 5-to-11-year olds had 140 participants) **to detect safety signals for serious adverse events**–especially for a recipient population in the tens of millions.

- [ ] I am aware that **on August 23, 2021, FDA's letter to BioNTech explained that neither the VAERS nor the VSD surveillance systems were adequate for FDA to determine the risk of myocarditis resulting from the Pfizer vaccine.** Therefore, Pfizer and BioNTech were instructed by FDA to carry out a series of studies on myocarditis to ascertain the risk in different groups, including children. These studies were scheduled to produce final reports to FDA over the next five years. If FDA is willing to wait until 2027 to learn the actual risks of myocarditis from the vaccine for children, shouldn't it be required to wait until 2027 before inoculating millions of small children with a vaccine anticipated to provide them no benefit and possibly substantial risks?

- [ ] I understand **safer drugs could be used prophylactically and therapeutically for COVID in children.** There is extensive and compelling medical evidence for this assertion; and the choice to eschew use of these drugs in favor of a demonstrably dangerous vaccine is arbitrary and capricious.

- [ ] I understand **the current liability-free status for these injections may not carry through in perpetuity.** Under the PREP Act of 2005, all actors advancing an EUA agenda for medical countermeasures enjoy liability protection, absent "willful misconduct." Nonetheless, if, at a later time, these shots are deemed non-therapeutic gene products that practitioners knowingly and recklessly recommended, and administered to children it is possible that liability could later apply.

To learn more and read all references related to these statements go to:
ChildrensHD.org/Letter-FDA

After reading this, if you have concerns with COVID vaccines and their use in infants and children, be sure to **tell your lawmakers to STOP the FDA from granting EUAs** by sending Robert F. Kennedy, Jr.'s letter to FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC) members.