PANDA

PANDEMICS - DATA & ANALYTICS

INFORMED CONSENT FOR THE COVID-19 INJECTIONS

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NOVEMBER 2021
UPDATED DECEMBER 2021

Recipient Information

Recipient Name

DOB Gender

Weight Height

Have you already had Covid-19? ☐ Yes ☐ No **If yes, you don't need the Covid-19 injection**

Are you experiencing any viral respiratory symptoms today (fever, chills, congestion...)? ☐ Yes ☐ No **If yes, you shouldn't get an injection while symptomatic**

Covid-19 Injection	Date Administered	Manufacturer Name	Adverse Reaction
Dose 1			
Dose 2			
Dose 3			
Dose 4			
Dose 5			

Medical Conditions

Bleeding disorder ☐ Yes ☐ No Taking blood thinners ☐ Yes ☐ No

Immune deficiency ☐ Yes ☐ No Taking steroids ☐ Yes ☐ No

Severe allergic reaction to any other vaccine previously ☐ Yes ☐ No If yes, provide name of vaccine

Serious allergic reaction to any of the ingredients in the Covid-19 injections (clinician to share ingredients) ☐ Yes ☐ No If yes, provide name of ingedient

For females Pregnant ☐ Yes ☐ No Breastfeeding ☐ Yes ☐ No

Administering clinician section

Name of person administering injection

Date of administration Dose #

Manufacturer Lot # Expiration date

Injection site ☐ Left deltoid ☐ Right deltoid

Information for recipient

Risk from Covid-19

I understand that the risk of death if infected with SARS-CoV-2 is approximately as shown in the table below for each age group:

Age Group	Infection Fatality Rate* (23/12/2021)	Infection Survival Rate
0-19	0.0013%	100%
20-29	0.0088%	99.99%
30-39	0.021%	99.98%
40-49	0.042%	99.96%
50-59	0.14%	99.86%
60-69	0.65%	99.35%
70-90	4%	96%

** Median IFR for 14 countries*

I understand that if I am healthy, my risk is even lower than stated above for my age group as 95% of deaths occurred in people with one or more comorbidities.
Only high-risk individuals (mostly people above 50 with pre-existing health problems) are susceptible to serious illness and potentially death with Covid-19.
The median age of death with Covid-19 is similar to that of natural mortality in most countries.

I understand that the persistence of symptoms in high-risk patients following severe illness is common with all respiratory viruses (e.g., flu). The reporting of long Covid in low-risk groups is more likely to be psychosomatic due to unrealistic expectations of bad outcomes (children, adolescents and adults). Long Covid is not a concern for low-risk individuals.

Risk from the Covid-19 injections

I understand the potential short-term adverse events associated with the Covid-19 injections include:

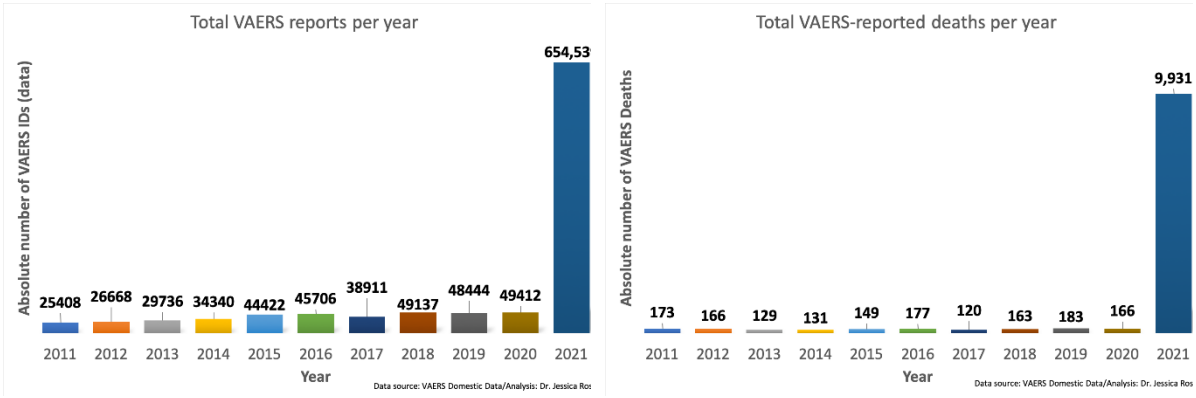
Common Adverse Events	Pain at the injection site Fatigue Headache Muscle pain Shivers Joint pain Fever Vomiting Diarrhoea Inflammation of the lymph nodes

Potential Serious Adverse Events	
Severe allergic reaction	swelling in the face, mouth and tongue, difficulty breathing
Guillain-Barré syndrome	damage to nerves leading to paralysis
Encephalomyelitis	inflammation of the brain and spinal cord
Convulsions	uncontrolled muscle contractions
Seizures	uncontrolled electrical disturbance in the brain
Stroke	interruption of blood supply to the brain
Narcolepsy	neurological disorder leading to sleep disturbance
Myocarditis	inflammation of the heart muscle
Pericarditis	Inflammation of the sac surrounding the heart
Heart attack	interruption of blood supply to the heart
Autoimmune disease	the immune system attacks the body's own cells
Blood clotting	gel-like collection of blood in a vein or artery
Micro-clotting	tiny clots that build up and damage tissue and organs
Arthritis	inflammation and degeneration of the joints
Thrombocytopenia	low platelet count interfering with wound healing and menstrual bleeding
Spontaneous abortion	61 % of all reported miscarriages in VAERS* occurred within 48 hrs of the injection
Death	60% of all reported deaths in VAERS occurred in the first 8 days post vaccination

**Vaccine Adverse Events Reporting System*

I understand that there is a more than 1,000% increase in adverse events reporting following the Covid-19 injections compared to all previous vaccines combined in the US vaccine adverse events reporting system (VAERS). Underreporting is a well-documented weakness of the VAERS (1, 2). The reported figures may be an underestimation of the true numbers of adverse events.

Total VAERS counts and death counts for the past decade (as of 3 September 2021)



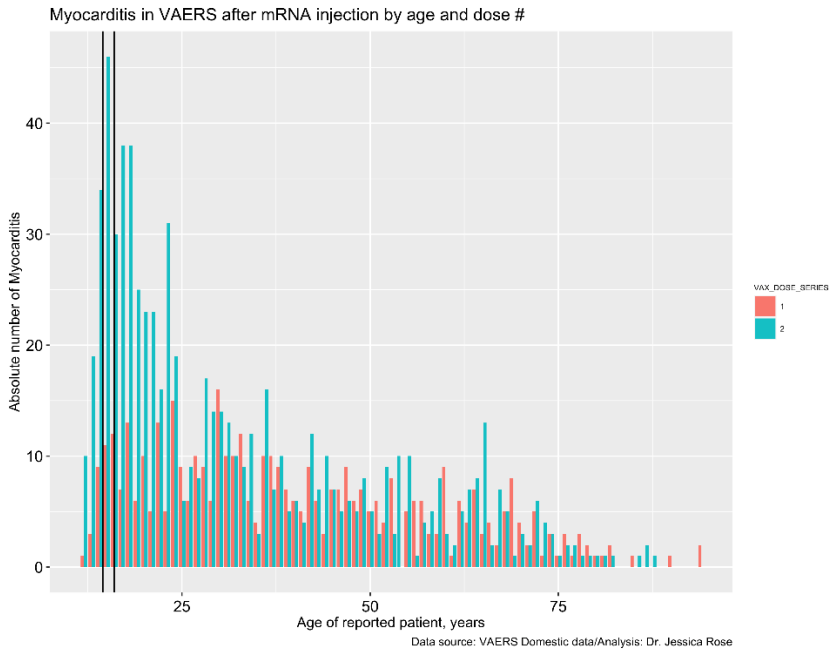
Bar Graph Source (at 4:00)

Number of adverse events reported following Covid-19 injections (as of 17 November 2021):

Reporting System	Deaths	Reports	Hospitalizations
VAERS	8,456	643,956	39,629
Yellow card	1,768	1,261,701	-
EudraVigilance	7,803	798,955	-

I understand that the risk of cardiac adverse events for boys 12-15 years old is 4 to 6 times their risk of Covid-19 hospitalization.

I understand that the risk of myocarditis is 6 times higher in 15 year- olds following the second dose and that 72% of all myocarditis reports are linked to young people between the ages of 10-30 years.



Graph Source (at 11:05)

I understand that there is no medium or long-term data yet and that such data will be hard to acquire given that the manufacturers eliminated the control group following emergency use authorization (EUA) by administering the vaccine to the control participants.

I understand that the m-RNA in the Covid-19 injections circulates in the blood and is distributed to different organs such as the brain, bone marrow, spleen, liver, adrenal glands, ovaries, etc. The m-RNA codes for the spike protein- a biologically active and toxic agent. It can bind to cells in different organs, possibly leading to tissue damage or causing an autoimmune reaction (where the body attacks its own cells because they are showing a foreign marker - the spike protein - on their surface). See references for medical groups raising a variety of concerns about the Covid-19 injections: (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13).

Benefits of the Covid-19 injections

I understand that the manufacturers' efficacy data of the Covid-19 injections in reducing severe illness (1, 2, 3, 4) are not yet replicated by independent scientists. The manufacturers reported the relative risk reduction (RRR- reduction of risk in the group that received the injection compared to the placebo group). This measure doesn't take into account the participants' risk of catching the disease, or their risk of becoming seriously ill with Covid, which is expressed by the absolute risk reduction (ARR). The ARR of the Covid-19 injections is much lower than their RRR.

Vaccine Manufacturer	**RRR**	**ARR**
Pfizer–BioNTech	95%	0·84%
Moderna	94%	1·2%
Gamaleya	90%	0·93%
Johnson & Johnson	67%	1·2%
AstraZeneca	67%	1·3%

I understand that none of the controlled trials have demonstrated a reduction in hospitalisation or death from the Covid-19 injections.

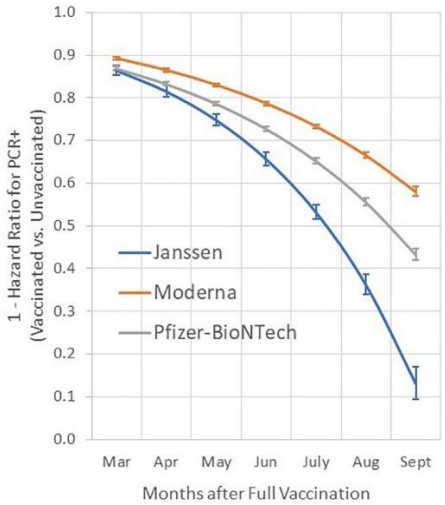
Disadvantages of the Covid-19 injections

I understand that the Pfizer, Moderna, Astra-Zeneca, Johnson and Johnson, and Sputnik injections are all gene-based therapies - never tried before in vaccination programs. They are not traditional vaccines that use an inactivated virus or part of a virus. Currently, there are no approved Covid-19 vaccines by any regulatory body available. All the injections being marketed have emergency use authorization (EUA) and have not undergone the complete review process required for full approval. By accepting to take these injections, I am accepting to participate in the clinical trials.

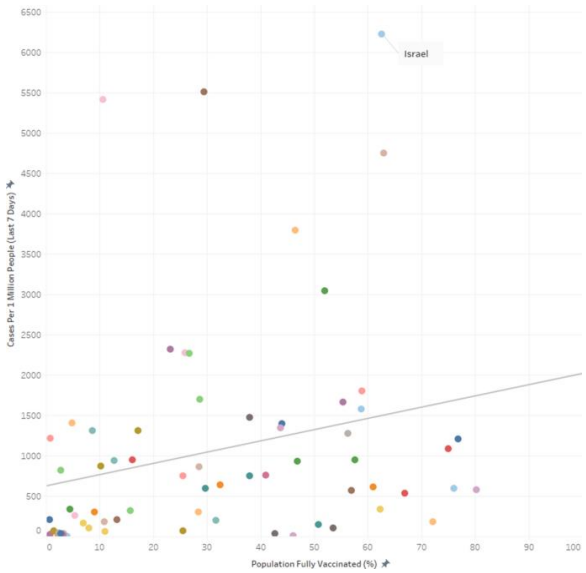
I understand that if I take the injection, I can still get infected with the virus and transmit it to others just as much as and possibly more than an unvaccinated person.

I understand that I am likely to experience reduced immunity for 2 weeks following each injection, which will put me at greater risk of catching the Sars-CoV-2 virus and becoming seriously ill. This may explain the surge in cases and deaths in several countries following the vaccine rollout.

I understand that I am not contributing to herd immunity by taking the injection as the injection may only provide limited and short-term protection, and booster shots may not be effective against new variants.



A recent study shows that the effectiveness of the Covid-19 injections against infection wanes over time. (Swedish study shows that the effectiveness of the Pfizer injections against symptomatic infection drops from 92% at day 15-30 post vaccination to 47% at 4 months, to zero at 7 months).



A cross-country analysis shows that a higher proportion of the population being vaccinated is not linked to a lower Covid-19 case count.

I understand the SARS-CoV-2 virus cannot be eradicated as it is transmitted among animals too and it will remain part of the viral pool that we live with.

Available alternative treatment

I understand that prophylactic treatment (drugs, such as Ivermectin, and supplements, such as Vitamin D, C and Zinc) is available for high-risk groups to prevent infection or reduce the severity of the illness if infected.

I understand that early treatment has been available to high-risk patients since August 2020. Early treatment is estimated to reduce hospitalisation by 88% and deaths by 75%.

I understand that safe and effective repurposed drugs are available to treat hospitalised high-risk patients.

I understand that three monoclonal antibodies (lab-produced antibodies designed to bind and neutralize the spike protein present in the Sars-CoV-2 virus) and convalescent plasma (plasma of Covid-19 recovered patients containing natural antibodies) have been approved under emergency use authorization for the prevention and treatment of Covid-19 in high-risk groups (1, 2, 3, 4). Including monoclonal antibodies in early treatment has been shown to reduce hospitalisation or death by 70%.

Contraindications

I understand that the following groups were excluded from the clinical trials: pregnant and breastfeeding women, Covid-19 recovered individuals, people with immunodeficiency disorders, people allergic to one of the components of the vaccines or who have had a prior allergic reaction to any vaccine. Thus there is currently no safety or efficacy data for these subgroups.

I understand that the Covid-19 injections are contraindicated for Covid-19 recovered individuals, as they are likely to experience more adverse events following vaccination than individuals not exposed to the virus (1, 2, 3, 4).

I understand that the Covid-19 injections are contraindicated for individuals who have experienced a previous serious allergic reaction to any vaccine or to any ingredient of the vaccine.

I understand that if I am a pregnant woman, my risk of spontaneous abortion may be higher following the Covid-19 injection than the typical average pregnancy-loss risk. I understand that long-term effects on the fetus are unknown at this time.

I understand that natural immunity is broader and longer-lasting than non-sterilizing and waning vaccine-induced immunity, and that it is the preferred route for low-risk individuals (people under 60 years of age with no comorbidities).

I understand that there are no clinical trials assessing the safety and efficacy of receiving combinations of injections from different manufacturers. There is thus no data on potential harmful interactions.

General terms

I understand that neither the clinician administering the injection, nor the manufacturers of the injections, nor the site where the injection is administered, nor the government are liable for any adverse event I may experience following the injection, whether the injections are found to be directly causal of the adverse events or not.

I understand that I have the responsibility to report any adverse events following vaccination to my family physician or file a report on the adverse events reporting system in my country whether I believe the symptoms experienced are caused by the injection or not. I understand that such reporting is essential to detect potential unpredicted harm following the rollout of a new medical product.
(Adverse events reporting systems: UK, US, Canada, Germany, Europe, South Africa, Austria, Switzerland, New Zealand, Australia, France)

I understand that I must remain on site for 15-30 minutes following the administration of the Covid-19 injection for monitoring in case of an anaphylactic reaction.

I understand that my health information, including my vaccination status, is protected by law. I am under no obligation to share my personal health information to access facilities or services or to move from one location to another within the same country.

I understand that as a human being, born free, I have the right to informed consent and bodily autonomy. Thus, I have the right to accept or decline this injection or any booster injections without providing a reason or an explanation.

Recipient agreement
[delete the options that aren't applicable]
I, the undersigned, *[full name of recipient or guardian]*

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consent/decline to take/give my child the Covid-19 injection while in my full mental capacity and declare that I understand all the terms stated above and that I am not under "any element of force, fraud, deceit, duress, overreaching or other ulterior form of constraint or coercion".

Recipient or guardian's signature

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Clinician's agreement
I, the undersigned, *[full name of clinician]*

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have duly informed the recipient of the Covid-19 injection of its benefits and risks. I have advised them, to the best of my independent medical judgement and in keeping with the principle of first doing no harm, on their individual risk-benefit analysis.

Clinician's signature

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