

Assumption of Liability for Vaccinations

Vaccinations are a standard of pediatric practice and I,

\_\_\_\_\_ MD, wholeheartedly encourage and support their use to the fullest as recommended by the Centers for Disease Control. Vaccinations also routinely cause injuries and deaths, as acknowledged by the FDA via the Vaccine Adverse Event Reporting System (VAERS), and the US Department of Health and Human Services (DHHS) Vaccine Court system via the National Vaccine Injury Compensation Program (NVICP).

I have fully informed my patient / patient's caregiver / patient's parent of VAERS and NVICP. I have given my patient / patient's caregiver / patient's parent a VEARS reporting form. We have discussed that VAERS exists to record incidents of vaccine deaths, injuries, and adverse events; that VAERS contains many tens of thousands of such reports for all vaccines; that I as the administering physician am obligated to report these via procedures set by the FDA; that any parent may submit a report to VAERS; that VAERS is a passive system that does not likely capture all adverse events, injuries, and deaths from vaccinations; that NVICP may require claimants to wait years for compensation, if won; that claimants in NVICP must engage their own legal assistance at their own expense; that claims are not heard by a jury of peers in the regular courts but are reviewed by Special Masters appointed exclusively to the closed and separate court system known as "Vaccine Court"; that this Court was created by the National Vaccine Injury Act of 1986; that as of July 2008, this Court had awarded nearly two billion dollars in compensatory damages to persons injured/maimed/killed by vaccinations.

I have also fully informed my patient/ patient caregiver / patient parent that in case of any injury, adverse reaction, or death sustained as a result of the vaccinations administered at my behest and/or by myself or any of my staff, in addition to my patient's right to pursue compensation via the NVICP, I hereby make myself personally and fully accountable for any and all costs, losses, and needs associated with said injury, adverse reaction, or death, for the lifetime of the victim, including but not limited to costs of any and all medical care, health care, equipment, rehabilitative occupational/physical/speech or other therapies, attorney's fees for protection of free and appropriate education (FAPE) as specified under the Individuals with Disabilities Education Act or other civil rights, educational/remedial/tutoring costs, costs of child care, respite care, in home nursing care, long term care, or residential and custodial care, or any costs for any items, care, equipment, travel, loss of income, pain and suffering, or housing associated with this injury, adverse event, or death resulting from vaccination(s) administered by me, by my staff, or at my behest.

I, \_\_\_\_\_ MD, hereby accept all financial, custodial, and medical responsibility and liability, as described above, for any and all short or long term adverse event, reaction, illness, injury, disability or death that may be caused by vaccination(s), which I have administered to my patient \_\_\_\_\_ on this day \_\_\_\_\_

Signature of patient/patient's parent/patient's guardian

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