

WHAT TO DO IF YOUR EMPLOYER ASKS YOU TO TAKE MANDATORY VACCINES

Mandatory vaccination violates the personal rights and freedoms we enjoy in Canada. It is the inherent right of every person to assert their freedom to decline any unwanted medical treatment or procedure, including vaccination without fear of discrimination, punishment, or reprisal. There is no exception in our Charter of Rights that allows an employer to terminate an employee for not getting a vaccination. Stand up for your rights and do not fear, it's your body, not theirs or the government's!

1. Do not quit your job because you have been told you must comply with a mandatory COVID-19 vaccine from your employer. Keep working until your employer terminates your job. This will set them up for a wrongful dismissal and termination without cause case. You have rights under Canadian and Ontario law. Do not be bullied. Those laws include: The Canadian Criminal code, sections 216, 217, 217.1 and 221. (to endanger the life of another person), the Canadian Charter of Rights and Freedoms (1982) section 2a, 2b, 7, 8, 9 and 15. The Universal Declaration on Bioethics and Human Rights (2005), Nuremberg Code (1947), and Helsinki Declaration (1964, revised 2013) article 25, 26.
2. If you receive a mandatory COVID-19 vaccine notice from your employer, you can provide them with the Employee Statutory Legal Requirement Request attached. This will put the employer on notice that you are willing to accept the offer but need to be fully educated and are requiring the employer to provide you with answers to your questions to provide informed consent. The employer will likely be unable to answer these questions, therefore if you are terminated, you have already put forth your case for wrongful dismissal. You can then proceed to file this legal action.
3. You may want to file a Statement of Medical Exemption form if you have a legitimate claim for exemption. This claim can be made if you can find a physician or nurse practitioner that would give you a valid medical exemption from the COVID-19 vaccination. You should then give this exemption to your employer. Do not quit your job. Your employer may fire you, but you will have established a case for unconstitutional dismissal.
4. You can file a Statement of Conscience or Religious Belief form. This form can be downloaded from the Ontario Central Forms repository online. You will have to get it signed by the following people: A commissioner of affidavits can be found at a municipal office, your MPP's office, a notary public, or lawyer. Again, do not quit your job, let your employer fire you. You will have just cause for legal recourse if you have done the above correctly.

Employee Statutory Legal Requirement Request

With regards to the matter of your mandatory COVID-19 vaccination policies and my desire to be fully educated and evaluate all facts before making an informed decision. I would be most grateful if you could please provide the following information, in accordance with Canadian and Ontario statutory legal requirements. Before I disclose my medical status and consider the request, I am asking the following information be provided:

1. Please provide the entire list of contents of all the COVID-19 vaccines that I could potentially receive and if any of their contents are toxic to humans.
2. Please make available the legal status of all COVID-19 vaccines and if they are experimental.
3. Please fully provide all adverse reactions associated with all COVID-19 vaccines that I could potentially receive from the time of their use.
4. Please provide details and assurances that the vaccine has been fully, independently, and rigorously tested against control groups and provide the subsequent outcomes of those tests.
5. Please confirm that the COVID-19 vaccines that I could potentially receive and you are requesting I receive are not experimental mRNA gene therapy.
6. Please advise me of the likely risk of fatality from contracting COVID-19 compared to my risk should I receive the requested vaccines.
7. Please provide me with a detailed list of adverse reactions including death and other risks of injury that are possible in order for me to have informed consent.
8. The COVID-19 vaccine manufactures are indemnified from liability if there is injury, death, or short-term adverse reactions; are you willing as an employer to accept liability?
9. Please confirm that I will not be under any duress from you as my employer that would be in compliance with the Nuremberg Code.
10. Please confirm that no violation of the Canadian Criminal Code, to endanger the life of another person will be violated and these other Canadian laws provided. Canada Criminal Code - Sections 216, 217, 217.1 and 221. Canadian Charter of Rights and Freedoms (1982) sections 2a, 2b, 7, 8, 9 and 15, the Universal Declaration on Bioethics and Human Rights (2005), Nuremberg Code (1947) and Helsinki Declaration (1964, revised 2013) article 25,26.

Once I have received the above information in full as requested, and I am satisfied, in my sole and absolute discretion, that there are no threats to my health from the COVID-19 vaccines. I will be happy to accept your offer to consider receiving the treatment, but only with these definite conditions.

1. You confirm in writing that I will suffer no short-term or long-term impairment from the COVID-19 vaccines.
2. Following acceptance of the above, an offer of approval by you the employer must be signed by a fully qualified doctor who will take full legal and financial responsibility for all injuries occurring to me and/or from any interactions by authorized personnel regarding these procedures.
3. In the event that I should have to decline the offer of vaccination, please confirm that it will not compromise my position of employment and that I will suffer no prejudice and discrimination as a result.

Print Employee Name: _____

Signature: _____

Date: _____

This request has been made to the following employer:

At the address of:

By hand delivery and/or mail, and registered mail.

Signature of person if hand delivered: _____