

NOTICE AND WARNING

"NO CONSENT FOR MEDICAL TESTING AND TREATMENT"

1. All medical procedures, including testing, must be consensual and performed by a licensed physician in order to be lawful.
2. **Non-consensual administration of a medical procedure is felony assault and battery** whether or not administered by a licensed physician.
3. You may not conduct any medical procedure or testing on my body (or the bodies of my children) without written consent from me.
4. "Protection" of any "group" such as "the general public" does not suspend my individual rights.
5. Any person administering medicine without the consent of the patient and/or guardian is subject to, and fully liable for major compensation and penalties owed to the victim.
6. Criminal charges may be filed against those who coerce, threaten or perform medical procedures without patient consent.
7. By attempting any non-consensual medical procedure you are agreeing to all terms herein.
8. The United States Constitution prohibits non-consensual medical testing and treatment (4th Amendment.)
9. Additionally, I will invoke any of the numerous state and local laws and codes which call for penalties against the forced application of medicine and/or practicing medicine without a license.
10. I attest and witness that " I DO NOT CONSENT" to medical testing and treatment.

Written name of individual refusing testing: _____

Signature: _____ Date: _____

Name of Institution requiring testing: _____

Written name of person requiring testing: _____

Signature of person requiring testin: _____ Date: _____