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**Following is an overview of some options that may be available to you as a tertiary student.**

If you have been forwarded this letter by a friend, family member or colleague then please go to <https://voicesforfreedom.co.nz/resources> for the tertiary overview as a whole and any other resources that might be useful to you.

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**Nature of your relationship with your tertiary institution**

As a student, you have a contract with the university or polytech.

That means your contract with the tertiary institution is the main document that governs your relationship.

While you might have a 2-4 year qualification, each year/semester you enter into a new contract with your tertiary institution to educate you with respect to the papers you have signed up for.

**Requirement to be jabbed to study**

Tertiary institutions have elected to introduce a vaccine requirement onto their compasses and some are requiring compliance with the Vaxx Passport system.

At this stage, it appears that without a valid Vaccine Passport, **distance learning** may be the only option. Distance learning means you are still a student and are eligible for student allowance and loans.

You may wish to consider whether you wish to put off study for a period of time. There is plenty of work fruit picking over the summer, in the absence of international arrivals, which pays quite well.

You may also be eligible for an **exemption** – such as a medical or religious exemption. This is not an exemption that is required to be signed off by the director general of health. It is a legitimate exemption that you can have which the tertiary institution should have to accept on face value – save a case for discrimination (which tertiary institutions aim to avoid at most costs).

Despite this, you do have some options and you can raise matters with your tertiary institution, set out as schedules attached to this overview are a number of communications you may wish to adapt to your circumstances when communicating with your tertiary institution, they cover:

**Letter 1** Engagement and negotiation …………………………………………………. Page 4

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The tertiary institution will likely reply, if it doesn’t follow them up and you will need to consider what further response might be appropriate from you.

**Your contract with your Institution**

For each year/semester, you will have a contract that governs the arrangement between you and your tertiary institution.  That is the first place you need to start as to whether the tertiary institution has the power to request you be vaccinated.  It unlikely will contain such a provision.

If you have upcoming tests which they are refusing you an opportunity to sit due to your medical status, you should consider raising a complain process.

**Follow the Complaint Process outlined in your Contract**

Also contained in your contract, or on the tertiary institution's website, will be an outline of the complaints process you can raise.

That process will likely be something along the lines of:

1. if an issue arises with your institution, then raise it with the appropriate person
2. if it does not resolve, then issue a formal letter or notice of dispute.

You will have to work through the steps before you move to the next one so as not to void the process.

**Health and Safety Audit**

If your institution of learning insists that as a student you need to undergo a medical procedure for you to attend, it is obliged to conduct a health and safety audit that Covid 19 is a risk and that vaccination is a control (amongst others).

The Long Letter will help your education provider with their health and safety audit.  We have a template audit you could work through and complete under All Employees, as will the template health and safety audit that we have in our employment kit under our resources: <https://voicesforfreedom.co.nz/resources>

**Student Union on campus**

Get in touch with your student union body to see what they are doing concerning the issue and they could help you with representation and provide you with other assistance.

**Industry Groups**

Also, check out our Tertiary Students Industry Group that you can sign up to: <https://voicesforfreedom.co.nz/industry-support-groups>

And also check in with the TAGNZ team: **tagnz@protonmail.com**

**Letter 1: ENGAGE AND NEGOTIATION**

I am writing this letter in response to the [email/letter] sent on [date] advising that only students who can provide a Vaccine Pass, as per the latest policies,[[1]](#footnote-2) will have access to campus/be able to enroll/remain enrolled in [name of the program].

I do not have a Vaccine Pass/do not wish to disclose my medical status/have an exemption/have not taken the Covid-19 vaccine and would like to stay in the program. I appeal to the institution’s statements about being non-discriminatory: [find the institution’s latest equity statement(s) - for example, the University of Auckland’s equity policy[[2]](#footnote-3) states as its purpose is “[to] support all members of the University to provide a safe, inclusive and equitable study and work environment that enables all people to reach their potential”].

# I understand that there may be some flexibility in the institution’s approach to exercising Government advisories as per the short form guide provided by the Ministry of Education on how the tertiary sector should interpret the traffic light system and associated CVC requirements, which states that at Red *“[o]nly staff, students and visitors who are vaccinated or exempt can be onsite at a tertiary education premises” while at the other two settings “there is no Government vaccination requirement for tertiary education premises in Green or Orange, but providers may choose their own requirements”.[[3]](#footnote-4)*

Given [name of the institution]’s current interpretation of the Government’s advisories and given we are currently at Red, I am willing to conduct my studies online where possible, and use RAT testing when access to campus is required, plus use social distancing and masking where applicable. My intention is to work with [name of the institution] while restrictions are in place.

I look forward to your response to my suggestions for staying in/gaining access to my current program of study.

**Letter 2: HEALTH AND SAFETY**

I am writing this letter in response to the [email/letter] sent on [date] advising that only students who can provide a Vaccine Pass, as per the latest policies,[[4]](#footnote-5) will have access to campus/be able to enroll/remain enrolled in [name of the program].

I do not have a Vaccine Pass/do not wish to disclose my medical status/have an exemption/have not taken the Covid-19 vaccine and would like to stay in the program.

I understand that the basis of your decision was a health and safety audit you have conducted.

Please advise whether you also conducted an audit of the safety of the Covid-19 vaccine. The data shows increasing numbers of adverse events post-vaccination [attach evidence] and no significant difference in transmissibility between vaccinated and unvaccinated, particularly for the Omicron variant [link to evidence].

Given the latest data I would ask that you reconsider the use of the vaccine pass as it is no longer warranted in the current environment/I request an exemption from the current restrictions.

I have completed my own health and safety audit.

**Letter 3: APPLYING FOR AN EXEMPTION**

I am writing this letter in response to the [email/letter] sent on [date] advising that only students who can provide a Vaccine Pass, as per the latest policies,[[5]](#footnote-6) will have access to campus/be able to enroll/remain enrolled in [name of the program].

I do not have a Vaccine Pass/do not wish to disclose my medical status/have an exemption/have not taken the Covid-19 vaccine as I have an exemption from being vaccinated on medical/religious grounds [expand and specify].

This is not an exemption that requires sign off by the Director-General of Health.

Failing to accept my exemption, could be considered one of the grounds of discrimination as specified in the Human Rights Aact 1993. Therefore, I trust that my exemption will be accepted on face value.

# I understand that the short form guide provided by the Ministry of Education on how the tertiary sector should interpret the traffic light system and associated CVC requirements, acknowledges that exempt staff and students can still attend site *“[o]nly staff, students and visitors who are vaccinated or exempt can be onsite at a tertiary education premises”* while at the other two settings *“there is no Government vaccination requirement for tertiary education premises in Green or Orange, but providers may choose their own requirements”.[[6]](#footnote-7)*

I trust this resolves your enquiries and I look forward to the year ahead.

**Letter 4: COERCION & RIGHT TO INFORMED CONSENT**

I am writing this letter in response to the [email/letter] sent on [date] advising that only students who can provide a Vaccine Pass, as per the latest policies,[[7]](#footnote-8) will have access to campus/be able to enroll/remain enrolled in [name of the program].

I write with regard to the matter of potential Covid vaccine and my desire to be fully informed and appraised of ALL facts before going ahead. I would be most grateful if you could please provide the following information, in accordance with statutory legal requirements.

1. Can you please advise the approved legal status of any vaccine and if it is experimental?

2. Can you please provide details and assurances that the vaccine has been fully, independently and rigorously tested against control groups and the subsequent outcomes of those tests?

3. Can you please advise the entire list of contents of the vaccine I am to receive and if any are toxic to the body?

4. Can you please fully advise of all the adverse reactions associated with this vaccine since its introduction?

5. Can you please confirm that the vaccine you are advocating is NOT experimental mRNA gene altering therapy?

6. Can you please confirm that I will not be under any duress from yourselves as my employers, in compliance with the Nuremberg Code?

7. Can you please advise me of the likely risk of fatality, should I be unfortunate to contract Covid 19 and the likelihood of recovery?

8. Can you please advise me if I were to experience any adverse reactions is the manufacturer of the vaccine liable? If the manufacturer isn’t liable will the company I’m currently employed with be responsible & liable as it is their request that I have the vaccine in order to carry on my employment?

Once I have received the above information in full and I am satisfied that there is NO threat to my health, I will be happy to accept your offer to receive the treatment, but with certain conditions – namely that:

1. You confirm in writing that I will suffer no harm.

2. Following acceptance of this, the offer must be signed by a fully qualified doctor who will take full legal and financial responsibility for any injuries occurring to myself, 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 and that I will not suffer prejudice and discrimination as a result?

I would also advise that my inalienable rights are reserved.

**Appendices: Further information**

*Appendix A: Health & Safety*

**Safety and Efficacy Concerns – Post-injection adverse events, injuries, and deaths**

The mRNA injection is not a “vaccine”, as it does not stop infection or transmission[[8]](#footnote-9)[[9]](#footnote-10). Comirnaty (the Pfizer injection) is a novel gene therapy, with a method of action instructing your body’s cells to make the spike protein of COVID-19[[10]](#footnote-11). The spike protein is a toxin[[11]](#footnote-12). The aim is for your immune system to mount an attack on the foreign bodies the spike protein creates within your body; however, spike proteins are inducing various adverse effects. Furthermore, the immune response is to the spike protein only, so the antibodies generated by this injection is somewhat limited when compared with natural immunity[[12]](#footnote-13) and emerging data demonstrates immune deficiencies are arising post-injection[[13]](#footnote-14).

Of great concern is the significant adverse events being reported globally[[14]](#footnote-15)[[15]](#footnote-16)[[16]](#footnote-17) and locally[[17]](#footnote-18) following vaccinations with the Pfizer injection. These include death, anaphylaxis, blood clots and related complications, leaky blood vessels and related complications, heart problems (myocarditis and pericarditis), neurological disorders, autoimmune disorders, other chronic and inflammatory conditions, blindness and deafness, infertility, foetal damage, miscarriage and stillbirth, and Covid-19 itself. Pfizer has identified risks in its Risk Management Plan[[18]](#footnote-19). Even more concerning is the lack of acknowledgement, treatment, and compensation the people are receiving who have experienced adverse effects or death of a loved one.

When assessing the viability of the “injection” as a health and safety measure you should consider a full and complete cost/benefit analysis (risk assessment) to determine whether it makes any quantifiable difference in addressing any risks arising out of COVID-19. By the Ministry of Health’s own admission, vaccinated individuals are still able to spread the virus to others. The government's own information on the efficacy of the vaccine includes:

*“…we don’t yet know if it will stop you from catching and passing on the virus”[[19]](#footnote-20)*

*"At this stage, we do not know if vaccination prevents or reduces transmission of COVID-19.”[[20]](#footnote-21)*

*“When there is high COVID-19 vaccine coverage (i.e., above 80 percent of eligible people are fully vaccinated), transmission is more likely to occur from a vaccinated than an unvaccinated individual.”[[21]](#footnote-22)*

The government has claimed *“up to 95% effectiveness”* of the “injection”. However, this was based on evidence of effectiveness in preventing mild symptoms. Outcomes of concern, such as severe disease, hospitalisation, and death have not been assessed in the trials. It appears that the “injection” does not *“prevent and/or limit the outbreak or spread of COVID-19”.* It is at best questionable that the “injection” is of any assistance to address risk of infection or transmission of COVID-19.

Full clinical trials, including safety data, are not due to be completed until February 2023, with Pfizer being under no obligation to provide the results for at least a further 24 months thereafter[[22]](#footnote-23). Thus, it is unknown whether there will be serious late-onset side effects resulting from the injections (e.g., cancer, autoimmune disease, infertility, neurological disease etc.). These conditions can take months or years to become apparent. It took five years for thalidomide to be linked to birth defects[[23]](#footnote-24). Furthermore, Pfizer requested that their trial safety data be protected from release until 2076[[24]](#footnote-25). That raises some serious concerns regarding integrity of the data and results of the trial[[25]](#footnote-26).

Pfizer stopped conducting their initial trials after two and a half months (the trial was supposed to be of six months duration) due to the serious adverse events and deaths that were occurring. Within that period of time, more people died within the “vaccine” cohort than the placebo group. Rates of heart attack and stroke deaths were higher in the “vaccine” group[[26]](#footnote-27). Only three people died with COVID during this time; one in the “vaccine” group compared with two in the control group. Therefore, as two is one hundred percent greater than one, this is how the high efficacy rate could be claimed. Furthermore, Pfizer either misreported or miscalculated the number of deaths as less than actually documented (see footnote 18).

**Disproportionate risk of COVID-19 (the infection) vs. injection**

For people under the age of 70 with no underlying health issues, the likelihood of dying from Covid-19 is nil to negligible with the average age of deaths being above 80 years[[27]](#footnote-28). There has been no tangible investment in the healthcare system, in fact the response measures have cost the system dearly, in terms of staff, capacity, and misdirected resources. There have been no public health messages around what to do if you get COVID-19 or how to ensure your immune system is as equipped as it can be to deal with any infection. Additionally, there is a distinct lack of evidence-based treatment alternatives to this ineffective injection, despite overseas research and results demonstrating there are a number of lower cost, more effective, and safer options available[[28]](#footnote-29)[[29]](#footnote-30)[[30]](#footnote-31).

For over 99% of the population, COVID-19 results in mild flu-like symptoms[[31]](#footnote-32). Most people will already have some base line immunity, developed over the course of their lives due to exposure to the common cold and the annual influenza viruses, which are both corona viruses; the same family as COVID-19[[32]](#footnote-33).

The PCR test that is used for “diagnosing” a case of COVID-19 has been scientifically (and legally) proven as unsuitable for this purpose, especially in asymptomatic cases[[33]](#footnote-34). This test has a 97% false positive rate at 35 cycles (see footnote 25); currently the number of cycles required in New Zealand to obtain a “positive” is 40 cycles[[34]](#footnote-35). Note that the number of cycles almost guarantee a “positive” result. This evidences that the COVID-19 pandemic has been exaggerated.

To further illustrate this, the World Health Organisation (WHO) estimates that seasonal influenza may result in 290,000 – 650,000 deaths each year due to **respiratory diseases alone[[35]](#footnote-36).** The estimate does not consider deaths from other diseases e.g., cardiovascular disease; in direct contrast to the current COVID-19 pandemic reporting[[36]](#footnote-37)[[37]](#footnote-38). One such death was as the result of a gunshot wound[[38]](#footnote-39). Additionally, a considerable proportion of “hospitalised” cases were/are asymptomatic or were already in hospital for completely unrelated reasons; or due to comorbidities, are being kept in hospital for observation purposes[[39]](#footnote-40).

Data available demonstrates that the injection is not effective at preventing infection or transmission of any COVID-19 variant and that viral load is just as high in the vaccinated population as it is in the non-vaccinated population[[40]](#footnote-41). Data is demonstrating that more “fully vaccinated” people are dying from COVID-19, than their non-vaccinated counterparts[[41]](#footnote-42).

These so-called “protection measures” are disproportionate to the risk posed by this Sars-CoV-2 virus. In New Zealand, influenza is estimated to result in five hundred deaths annually[[42]](#footnote-43), yet swabbing is not done in the way it is for this virus, the flu vaccine is not mandatory, proof of vaccination is not required, and exclusion, discrimination and stigma do not result if you decide not to vaccinate. The world does not shut down for the influenza virus each year. Mask wearing is not mandated. Lockdowns are not enforced. The “flu shot” (influenza vaccine) has been widely used since the 1940s, however this virus has not been eliminated[[43]](#footnote-44). The COVID-19 death toll stands at 53[[44]](#footnote-45); as already mentioned one of those was as the result of a gunshot wound; this is a considerably smaller rate than the usual annual influenza fatality rate or the temporally-related post-injection deaths[[45]](#footnote-46).

**Health and Safety at Work Act 2015**

Under the Health and Safety at Work Act 2015[[46]](#footnote-47), a Person Conducting a Business or Undertaking (PCBU) has a responsibility to secure the health and safety of workplaces and workers, and a Primary Duty of Care for the health and safety of all persons including workers and others affected by the workplace, or work done by the business or undertaking. Section 30[[47]](#footnote-48) assigns duties and obligations to a PCBU to complete a risk assessment for **ALL** harms in the workplace and to either eliminate or minimise **ALL** such harms and Section 31[[48]](#footnote-49) states that these duties are non-transferrable.

Duties of officers[[49]](#footnote-50) (such as CEOs, Directors, Board Members, Sole Traders, Contractors, business owners and self-employed) includes to carry out due diligence, including that they have available appropriate resources and process to eliminate or minimise risk to health and safety and to do so by being aware of and keeping up to date with health and safety matters.

Under the Health and Safety at Work Act 2015, Section 47[[50]](#footnote-51), 48[[51]](#footnote-52) and 49[[52]](#footnote-53) all refer to offences of failing to comply with the requirements of the legislation or of reckless conduct in respect of duty, resulting in risk of or actual occurrence of serious injury, illness or death of an employee. Fines range from $500,000 to $3,000,000 and imprisonment in some cases.

Therefore, it is not unreasonable to request evidence that demonstrates the COVID-19 injection/s are safe in the short, medium, and long-term and are effective, i.e., prevents infection and transmission. If the “protection measures” (mandated vaccination) pose greater risk than the COVID-19 infection itself, then the risk/benefit analysis fails, thereby negating mandatory vaccination policy. The information detailed above provides evidence that there is risk of death, serious injury and serious illness from these injection/s, so therefore sections 47, 48 and 49 would apply. Furthermore, it should be noted that the Accident Compensation Corporation (ACC) is not required to compensate in this scenario, should any injury, illness or death occur, as it would not be deemed an accident, therefore liability would remain solely with [insert name of PCBU][[53]](#footnote-54).

*Appendix B: Latest data regarding efficacy of vaccinations*

“A recent investigation by the US Centers for Disease Control and Prevention of an outbreak of COVID-19 in a prison in Texas showed the equal presence of infectious virus in the nasopharynx of vaccinated and unvaccinated individuals.[6](https://www.thelancet.com/journals/Ianinf/article/PIIS1473-3099(21)00768-4/fulltext" \l "bib6)

Similarly, researchers in California observed no major differences between vaccinated and unvaccinated individuals in terms of SARS-CoV-2 viral loads in the nasopharynx, even in those with proven asymptomatic infection.[7](https://www.thelancet.com/journals/Ianinf/article/PIIS1473-3099(21)00768-4/fulltext" \l "bib7)

Thus, the current evidence suggests that current mandatory vaccination policies might need to be reconsidered, and that vaccination status should not replace mitigation practices such as mask wearing, physical distancing, and contact-tracing investigations, even within highly vaccinated populations.”[[54]](#footnote-55)

*Appendix C: Human Rights*

The Statement of National Education and Learning Priorities (NELP) and the Tertiary Education Strategy (TES) set out the Government’s priorities for education that will ensure the success and wellbeing of all learners. They are statutory documents issued under the Education and Training Act 2020 that direct government and education sector activities towards the actions that will make the biggest difference, and ensuring that we are able to strengthen the education system to deliver successful outcomes for all learners/ākonga.

The NELP and TES priorities will help create education environments that are learner-centred, and where more of our learners, and especially more of our Māori and Pacific learners, are successful. Therefore, they encourage all places of learning to focus on:

* ensuring that they are safe and inclusive and free from racism, **discrimination**, and bullying

The objectives for education set the context for the NELP and the TES, and outline the things the Government will focus on to improve outcomes and wellbeing across the education system.

Objective 1: Learners at the centre – Learners with their whānau are at the centre of education

Objective 2: **Barrier-free access** – Great education opportunities and outcomes are within reach for every learner[[55]](#footnote-56)

Insisting on the Pfizer injection as a condition of enrolment is a barrier to access and a form of medical discrimination.

1. The **New Zealand Bill of Rights Act** 1990 affords individuals the right to refuse medical treatment (which includes being injected or vaccinated) and the right not to be subjected to medical or scientific experimentation. Also under this Act any medical treatment requires ‘informed consent’.
2. The **Health and Disability Commissioner** (Code of Health and Disability Services Consumers' Rights) Regulations 1996, establishes the rights of consumers and the obligations and duties of providers to comply with this Code.
3. Rights included are the right to be fully informed, the right to make an informed choice and to give informed consent without coercion.
4. Even at this stage of the rollout of the Injection to the New Zealand public, there is a distinct lack of robust safety data particularly as we await the answers to Medsafe’s 58 conditions. As such, individuals lack the full set of risk-benefit data and information required to make an informed decision.
5. The requirements set out by the **United National Universal Declaration on Bioethics and Human Rights** further enshrine the right to informed consent. Article 6 of the Declaration states that “*any preventive, diagnostic, and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information*”. [[56]](#footnote-57)
6. The **World Health Organisation** advises that mandatory vaccination does not always overrule the need for consent[[57]](#footnote-58). It further states that, “*When mandatory vaccination is established in relevant provisions in law, consent may not be required. If the mandatory nature of the vaccination is based in* ***policy****, or other forms of soft law, informed consent needs to be obtained as for any other vaccines*” [emphasis added]. While this specific advice is in relation to children and adolescents, the same applies reasoning applies to adults.
7. The doctrine of Informed consent puts into effect respect for a patient’s autonomy and their right to self-determination. Voluntariness requires that a patient’s consent to treatment be free of coercion, duress, or undue influence. This doctrine is reflected in both our domestic law and international law.
8. Informed consent applies in an employment setting. An employee’s decision must be voluntary and not influenced by pressure from medical staff, friends or family, or the employer. To threaten an employee with dismissal, or to apply any other restrictions or penalties, if they do not submit to a COVID-19 vaccination may be considered to amount to coercion on the part of the employer and will open the employer to legal action.
9. Mandatory vaccination raises many complex ethical and human rights issues including the fact that it could bypass informed consent in some situations. In situations that clearly fulfil all the requirements of the doctrine of necessity, mandatory vaccination could be justified as an exemption to the basic presumption that a person’s informed consent to medical treatment is always required.
10. Coercion, duress, and undue influence are more difficult. A requirement to be vaccinated as a condition of on-going employment *might* be justifiably necessary to protect *vulnerable* persons from COVID-19, but the consent to vaccinate is not entirely free – to keep their job they must undergo a medical treatment that in other circumstances they would not have chosen to undergo.
11. In an article in the British Medical Journal Global Health[[58]](#footnote-59), the authors considered the ethical issues in mandating COVID-19 vaccinations for healthcare workers. The authors noted that “*Public health should arguably strive to implement the least restrictive intervention when possible, yet vaccine mandates are the most restrictive, intrusive form of vaccine policy. Ethical debate on vaccine mandates consistently suggests that unless all other reasonable means have failed (or are likely to fail) to increase vaccine uptake and/or reduce disease transmission by other means to an acceptable level, mandates should not be implemented*”.
12. **International Covenant of Civil and Political Rights**, which was adopted by the United Nations, and which New Zealand has ratified, states in **Article 7**: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.”

* In response to the Government passing legislation under urgency to enable a legal basis for the Covid Response Framework, the Human Rights Commissioner commented[[59]](#footnote-60) “*Balances have to be struck between human rights. This complex but essential exercise comes into sharp focus during a pandemic where measures that protect the rights to health and life must be balanced against other rights, such as the right to work and a decent standard of living*”.
* Mr Hunt further commented “*In times of national emergency, there is a risk of overreach when sweeping powers are granted and rights are not balanced appropriately leading to mistakes that are later regretted. This is precisely when our national and international human rights and Tiriti rights must be taken into account*. *This cannot be done without Parliament scrutiny and public input*”.
* The Ministry should consider these comments carefully before implementing a COVID-19 Vaccination policy that impact the very rights to which the Human Rights Commissioner has referred.
* The provisions of the New Zealand Bill of Rights Act 1990 also apply to a natural person and no corporation can override the rights of a natural person acting in their sui juris capacity in any Court.

**Nuremberg Code**

The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.

**Health and Disability Code**

Right 6: The right to be fully informed.

Right 7: The right to make an informed choice and give informed consent.[[60]](#footnote-61)

*Appendix D: Pfizer’s Safety Data Sheet states the following:*

(a) 2.2 Hazard Statements: “Not classified in accordance with international standards for workplace safety”.

(b) 3.2 Mixtures: “no data available”.

(c) 4.1 Most important symptoms and effects: “no data available”.

(d) 5.3 Advice for Firefighters: “Firefighters should wear self-contained breathing apparatus and full firefighting turnout gear. Use personal protection equipment”.

(e) 11 Toxicological Information: “Toxicological properties have not been thoroughly investigated”.

(f) 11.2.2 Environmental Overview: “Environmental properties have not been investigated. Release to the environment should be avoided”.

(g) 13.1 Waste Treatment Methods: “Consider the relevant known environmental and human health hazards of the material, review and implement appropriate technical and procedural wastewater and waste disposal measures to prevent occupational exposure and environmental release”.

1. <https://www.auckland.ac.nz/en/news/notices/2022/requirements-for-coming-on-to-campus.html> [↑](#footnote-ref-2)
2. <https://www.auckland.ac.nz/en/about-us/about-the-university/policy-hub/university-governance/equity/equity-policy.html> [↑](#footnote-ref-3)
3. <https://www.education.govt.nz/covid-19/advice-for-tertiary-providerswhare-wananga/resources-tertiary-education-providers/> [↑](#footnote-ref-4)
4. <https://www.auckland.ac.nz/en/news/notices/2022/requirements-for-coming-on-to-campus.html> [↑](#footnote-ref-5)
5. <https://www.auckland.ac.nz/en/news/notices/2022/requirements-for-coming-on-to-campus.html> [↑](#footnote-ref-6)
6. <https://www.education.govt.nz/covid-19/advice-for-tertiary-providerswhare-wananga/resources-tertiary-education-providers/> [↑](#footnote-ref-7)
7. <https://www.auckland.ac.nz/en/news/notices/2022/requirements-for-coming-on-to-campus.html> [↑](#footnote-ref-8)
8. <https://dailyexpose.uk/2022/02/08/australias-pandemic-of-the-fully-vaccinated-2/> [↑](#footnote-ref-9)
9. <https://link.springer.com/article/10.1007/s10654-021-00808-7> [↑](#footnote-ref-10)
10. [https://medsafe.govt.nz/COVID-19/mRNA-vaccines.asp#how](https://medsafe.govt.nz/COVID-19/mRNA-vaccines.asp" \l "how) [↑](#footnote-ref-11)
11. <https://worldcouncilforhealth.org/resources/spike-protein-detox-guide/> [↑](#footnote-ref-12)
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