***INSTRUCTION PAGE i***



**Following is a template letter** that can be used in the situation where your employer has requested or advised it expects you to be vaccinated but there is no requirement in the Covid-19 Public Health Response (Vaccinations) Order 2021 (**Vaccination** **Order**) for a person fulfilling your role to be vaccinated.

If you have been forwarded this letter by a friend, family member or colleague then please go to <https://voicesforfreedom.co.nz/resources> to see the outline of the employment process, to get access to the other letter/s, and to get access to the employment webinars hosted by Voices For Freedom.

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***INSTRUCTION PAGE ii***



**HOW TO USE THIS LETTER?**

1. Read the letter carefully so that you understand what you are sending – this letter is your letter.
2. The points you need to complete or closely consider for your situation are highlighted yellow. Keep this information factual and do not hesitate to get it checked by a friend, colleague or family member.
3. This letter is only to be used in the situation where your employer has requested, directed or advised that it expects you to be vaccinated and there is NO requirement for your role to be vaccinated in the government's Vaccination Order. The latest vaccination order/s are available at <https://covid19.govt.nz/alert-levels-and-updates/legislation-and-key-documents>
4. If you have received a direction from an employer to be vaccinated against Covid-19 pursuant to the Vaccination Order then please refer to the other template letter go to <https://voicesforfreedom.co.nz/resources>
5. Do not forget to include your email in the letter so that your employer knows where best to respond to you in writing.
6. Sign off the letter.
7. Print or email the letter – make sure you keep a copy. DO NOT include these first two pages of instructions with your letter.

Your employer will likely respond to this letter and if they do, then you will need to consider their response and may need to obtain advice specific to your situation.

**Employees header name/ contact details**

**[Employer's Name of place**

**Address**

**Address]**

[Date]

FOR: [The Manager | Executive Board]

**COVID-19 – REQUEST TO BE VACCINATED AGAINST COVID-19**

1. I refer to my employment agreement of [date] and [check your employment agreement and confirm the following] note that there is no express provision within that employment agreement that I must undergo a medical procedure in order to carry out my role as [state your title/position] (**Role**).
2. On [date] you requested I undergo a medical procedure by receiving a novel mRNA vaccination against Covid-19(**Vaccination** **Request**).
3. The COVID-19 Public Health Response (Vaccinations) Order 2021 (the **Vaccination Order**) specifies certain roles and occupations that are required to receive the vaccine against Covid-19. The Vaccination Order does not specify that people employed in the activity in which your business is involved are required to be vaccinated and therefore, any such request by you is a unilateral request made of your own volition.

**Introduction**

1. I accept we have mutual obligations to act in good faith[[1]](#footnote-2) and to not mislead or deceive one another[[2]](#footnote-3). I also understand that we have to be active and constructive in maintaining a productive employment relationship which includes being responsive and communicative[[3]](#footnote-4).
2. Finally, in the situation where you are proposing to make a decision that will, or is likely to, adversely affect my ongoing employment then you are required to provide me with access to relevant information about the decision as well as an opportunity to comment on the information before the decision is made[[4]](#footnote-5).
3. I confirm my commitment to act in good faith and to be honest, open and clear with you.
4. I also acknowledge your health and safety obligations under the Health and Safety at Work Act 2015 (**HSWA**), to:
	1. eliminate risks to health and safety, so far as reasonably practicable; and
	2. if it is not reasonably practicable to eliminate risks to health and safety, to minimise those risks so far as is reasonably practicable.
5. Furthermore, you have a responsibility to assess the potential risks and benefits of any health and safety measures you propose to implement.
6. The purpose of my letter is to set out for you the grounds as to why I am not able to take the novel Pfizer mRNA medical procedure (**the Inoculation**) at this time, namely:
	1. Real concerns around the Covid-19 inoculation/s including:
	2. Questionable efficacy of the Inoculation;
	3. The Inoculation has only been granted provisional consent;
	4. There are significant adverse effects being reported both globally and locally;
	5. Side effects are not known;
	6. In the circumstances, given the Pfizer Inoculation still only has provisional consent and is still in trial phases, informed consent is not possible; and
	7. The management of risks and alternative treatment.

**Real concerns around the novel Pfizer mRNA Inoculation**

1. I have significant and serious concerns regarding the safety and efficacy of the Inoculation. The Inoculation is a novel mRNA vaccine presently undergoing trial phases, which are not due to complete until May 2023[[5]](#footnote-6) (at this stage), with data being made available a further 24 months thereafter (May 2025 at this stage)[[6]](#footnote-7). As such, the Inoculation only has provisional consent for use in New Zealand[[7]](#footnote-8).
2. Given that the Inoculation is still in trial, no medium or long term adverse health impacts are known and it is therefore not possible for individuals to give fully informed consent – a fundamental right codified in New Zealand's core and constitutional legislation.
3. Further, it has not yet been demonstrated that the Inoculation will either prevent infection or transmission of SARS-COV-2. The New Zealand government's own information on the efficacy of the Inoculation states:
	1. *“…****we don’t yet know if it will stop you from catching and passing on the virus****”*[[8]](#footnote-9)
	2. *"At this stage,* ***we do not know if vaccination prevents or reduces transmission of COVID-1****9.”[[9]](#footnote-10)*
	3. *"****You can still get COVID-19 of you're vaccinated*** *but the symptoms are likely to be very mild, or you may not have symptoms at all. This means that* ***if you are vaccinated and get COVID-19, you may not realise and spread it to others****".[[10]](#footnote-11)*
	4. ***"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****. As our vaccination numbers increase, we will see fewer cases but more of those cases will be in fully vaccinated people, meaning it is more likely transmission will occur from a vaccinated individual than an unvaccinated individual."[[11]](#footnote-12)*
4. This is further supported from evidence outside of New Zealand, which confirms that the Inoculation does not have a long lasting effect on preventing infection or transmission (eg United States[[12]](#footnote-13), Israel[[13]](#footnote-14) United Kingdom[[14]](#footnote-15), Singapore[[15]](#footnote-16), Massachusetts[[16]](#footnote-17)).
5. Of great concern is the significant adverse events being reported globally[[17]](#footnote-18) and locally[[18]](#footnote-19) following vaccinations with the Pfizer Inoculation. 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. Pfizer itself has identified risks in its Risk Management Plan[[19]](#footnote-20).
6. The government has claimed *“up to 95% effectiveness”* of the Inoculation. 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.
7. It would seem that there is a real likelihood that the Inoculation does not *“prevent and/or limit the outbreak or spread of COVID-19”.* It is at best questionable that the Inoculation is of any assistance to address risk of infection or transmission of Covid-19.
8. When assessing the viability of the Inoculation as a Health and Safety control measure you should have taken into account whether it makes any quantifiable difference in addressing any risks arising out of Covid-19.

**Provisional Consent**

1. On 3 February 2021, Medsafe gave conditional provisional approval for the Pfizer Inoculation for 9 months until November 2021[[20]](#footnote-21). On 28 October 2021, Medsafe renewed the conditional provisional approval status for another 2 years[[21]](#footnote-22).
2. There are still eight conditions under review, including the request for reports on the duration of efficacy, asymptomatic infection in the vaccinated group, vaccine failure, immunogenicity and efficiency in population subgroups and results from post-marketing studies within five working days of these being produced.
3. 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 a further 24 months thereafter (at present May 2025)[[22]](#footnote-23). It is therefore unknown whether there will be serious late onset side effects resulting from the Inoculations – for example: cancer, autoimmune disease, infertility, neurological disease etc. These conditions can take months or years to become apparent.
4. Despite provisional approval, the medium and long-term effects of this novel vaccine are not known and the Inoculation once taken is irreversible.

**Informed consent & freedom from 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 Inoculation 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.

**Management of risks, health and safety audit & alternative treatment**

1. Both parties have a duty under the HSWA to eliminate all risks to health and safety, and if risks cannot be eliminated, they must be minimised as far as is reasonably practical. Some of these duties are outlined in more detail in the Health and Safety at Work (General Risk and Workplace Management) Regulations 2016 and worked into health and safety audits or SWMS.
2. A health and safety audit for my Role accompanies this letter.

***Risk***

1. First the risk of Covid-19 in the workplace needs to be considered. For people under the age of 70 with no underlying health issues, the likelihood of dying from Covid-19 is nil to negligible [[23]](#footnote-24) with the average age of deaths being above 80 years[[24]](#footnote-25). If a person does catch Covid-19, the chance of death overall is 0.28% or if under 65 with no underlying health conditions 0.0126%.[[25]](#footnote-26)
2. Consider addressing here which (if any) ‘vulnerable groups’ your Role interacts with. Expand, what is the risk (if any) of your interactions with them. Expand on what wider public health practices/health and safety procedures can be used to minimise the risk of transmission to the ‘vulnerable groups’ you interact in in your Role.
3. Identify ways of managing your work to reduce as much as possible the risk of transmitting Covid.

***Controls***

1. If the risk is sufficient to require management then Worksafe's hierarchy of controls provides various controls and the priority in which the can be applied. We cannot eliminate the risk of COVID-19, nor can we substitute our employee’s engagement with the public when providing services to the public, or when they are not at work.
2. This means the management of the risk of transmission and infection of COVID-19 cannot be managed by elimination and substitution (the top two forms of control).
3. In the first instance, if Covid-19 is the risk, and Inoculation does not stop transmission, then testing will be a vital control to isolating the risk from the workplace. Regular testing of both vaccinated and unvaccinated workers is now more readily available with Rapid Antigen Tests, which can be done daily.
4. Another form of isolation, is improving upon the current illness policy. Such that if someone has symptoms of Covid 19, they will self-isolate and obtain a Covid-19 test. Should they test positive then I will remain in self isolation for 14 days (as is the accepted isolation period) and work remotely where possible. They will obtain a further Covid-19 test on day 12 of my isolation to confirm that any infection is no longer active before returning to work.
5. As persons who have received the Inoculation are still able to spread the disease (called vaccine failures), I understand that testing and isolation ***must*** be a policy applicable for all staff (whether they have received the Inoculation or not).
6. To date we have already been operating with other controls such as social distancing, limiting contact, PPE, sanitation stations.
7. Finally, nowhere on the hierarchy of controls has vaccination, innoculation or a medical procedure been a control. Furthermore, given the risks of the Inoculation, if this is to be required by the workplace, then this too is a risk which would require its own health and safety risk audit so as to illuminate any risk.

**Questions to be answered**

1. Based on the above, please confirm that you will you revoke the Vaccination Request?
2. If you will not revoke the Vaccination Request, then please confirm you respect my right to informed consent and to refuse to undergo any medical treatment?
3. Please outline how my Role is one where a medical procedure is necessary for public health and safety and whether you have considered any alternatives to inoculation? In my view, my Role is not one that has ever required vaccination, nor should now require the Inoculation, when there are reasonable alternatives and those that have received the Inoculation are still able to contract and spread Covid-19.
4. Please outline the consultation you had with staff relevant to my Role when considering the Vaccination Request?
5. Please outline the risk assessment that you carried out specific to my Role and all relevant documents relating to this assessment, including the formal risk assessment?
6. Please provide the particular studies and evidence you relied on in relation to determining the safety and efficacy of the Inoculation being administered to me?
7. Please advise of any roles in the business that you have assessed do not require the Inoculation?
8. If you consider that the Inoculation is absolutely necessary, please advise why the steps I have set out above under the heading *Management of risks & alternative treatment* in this letter are not acceptable to manage the spread of Covid-19 for my particular Role?
9. In circumstances where I succumb to pressure to take the Inoculation and I suffer an adverse effect, whether short, medium or long term, please confirm that as my employer you will record this as a work related accident and report and lodge claims with Worksafe (or other relevant authority), the Accident Compensation Corporation and/or any associated insurance policies. In addition, please confirm that you will provide to me all further and necessary support that I require in managing and coping with any adverse consequences.

**Conclusion**

1. At this point in time, and in the circumstances, I am not able to give my full consent to undergo a medical procedure. In respect of the Inoculation itself:
	1. **still too little is known about the effectiveness and efficacy of the Inoculation** – in fact, the evidence from countries such as the United States and Israel is that those who have received the Inoculation people are still contracting, spreading and dying of Covid 19;
	2. **the possibility of short term adverse effects** of taking the Inoculation appear to be very real;
	3. **there is no knowledge or information of the medium and long term effects** of the provisionally consented to Inoculation;
	4. **the absence of any real risk of serious health issues arising from Covid-19** both in my age group and the age groups of my colleagues – ie the risk is negligible to nil;
	5. **the health and safety concerns surrounding the Inoculation** outweigh the risks of Covid 19 at this stage.
2. Further, there is **no evidence that you have undertaken an objective analysis and followed a due or proper process in considering the above before issuing me the Vaccination Request**.
3. In all of the circumstances, it is not unreasonable for me to exercise my rights to not receive the Inoculation and at this stage.
4. Should my choice not be respected, and the terms of my employment are negatively affected because of this choice, then I may exercise my right to file a personal grievance.
5. I trust that you will take into consideration the important information outlined in this letter for the sake of the safety and wellbeing of your employees.
6. I confirm that I am willing ready and able to carry out and perform my role of employment.

Sincerely

**Your Name**

**Your contact details**

1. S4(1)(a) Employment Relations Act 2000. [↑](#footnote-ref-2)
2. S4(1)(b) Employment Relations Act 2000. [↑](#footnote-ref-3)
3. S4(1A)(b) Employment Relations Act 2000. [↑](#footnote-ref-4)
4. S4(1A)(c) Employment Relations Act 2000. [↑](#footnote-ref-5)
5. <https://www.pfizer.com/science/coronavirus/vaccine/about-our-landmark-trial> [↑](#footnote-ref-6)
6. Being 24 months from the "primary study completion date" <https://www.pfizer.com/science/clinical-trials/trial-data-and-results/data-requests> [↑](#footnote-ref-7)
7. <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-assessing-and-approving-vaccines> [↑](#footnote-ref-8)
8. Information sheets produced by the Ministry of Health 26 February 2021

[https://web.archive.org/web/20210226160157/https:/www.health.govt.nz/system/files/documents/pages/covid-19-vaccine-what-to-expect-v2.pdf](https://web.archive.org/web/20210226160157/https%3A/www.health.govt.nz/system/files/documents/pages/covid-19-vaccine-what-to-expect-v2.pdf) [↑](#footnote-ref-9)
9. Medsafe's position as at June 2021 [https://web.archive.org/web/20210630014403/https://www.medsafe.govt.nz/COVID-19/q-and-a.asp](https://web.archive.org/web/20210630014403/https%3A//www.medsafe.govt.nz/COVID-19/q-and-a.asp) [↑](#footnote-ref-10)
10. Updated 8 November 2021 <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/assessment-and-testing-covid-19/covid-19-saliva-testing> [↑](#footnote-ref-11)
11. [https://web.archive.org/web/20211118055613/https://www.health.govt.nz/system/files/documents/pages/ministry\_of\_health\_position\_statement\_on\_the\_management\_of\_unvaccinated\_individuals\_in\_healthcare\_settings\_.pdf](https://web.archive.org/web/20211118055613/https%3A//www.health.govt.nz/system/files/documents/pages/ministry_of_health_position_statement_on_the_management_of_unvaccinated_individuals_in_healthcare_settings_.pdf) [↑](#footnote-ref-12)
12. <https://www.cdc.gov/vaccines/covid-19/health-departments/breakthrough-cases.html>

https://link.springer.com/article/10.1007/s10654-021-00808-7 [↑](#footnote-ref-13)
13. <https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1>

<https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2021.26.39.2100822> [↑](#footnote-ref-14)
14. [SARS-CoV-2 variants of concern and variants under investigation (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1018547/Technical_Briefing_23_21_09_16.pdf) [↑](#footnote-ref-15)
15. <https://www.moh.gov.sg/news-highlights/details/updates-to-healthcare-protocols-and-implementation-of-vaccine-booster-strategy_10Sep2021> [↑](#footnote-ref-16)
16. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm> [↑](#footnote-ref-17)
17. United Kingdom: [Coronavirus (COVID-19) vaccine adverse reactions - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions);

Europe: [European database of suspected adverse drug reaction reports (adrreports.eu)](https://www.adrreports.eu/en/index.html);

[https://dap.ema.europa.eu/analytics/saw.dll?PortalPages&PortalPath=%2Fshared%2FPHV%20DAP%2F\_portal%2FDAP&Action=Navigate&P0=1&P1=eq&P2=%22Line%20Listing%20Objects%22.%22Substance%20High%20Level%20Code%22&P3=1+42325700](https://dap.ema.europa.eu/analytics/saw.dll?PortalPages&PortalPath=%2Fshared%2FPHV DAP%2F_portal%2FDAP&Action=Navigate&P0=1&P1=eq&P2="Line Listing Objects"."Substance High Level Code"&P3=1+42325700)

United States: [Welcome (openvaers.com)](https://openvaers.com/index.php) [↑](#footnote-ref-18)
18. <https://www.medsafe.govt.nz/COVID-19/vaccine-report-overview.asp> [↑](#footnote-ref-19)
19. <https://www.medsafe.govt.nz/COVID-19/Comirnaty-RMP.pdf> [↑](#footnote-ref-20)
20. [https://web.archive.org/web/20210203023555/https://www.medsafe.govt.nz/COVID-19/status-of-applications.asp](https://web.archive.org/web/20210203023555/https%3A//www.medsafe.govt.nz/COVID-19/status-of-applications.asp) and <https://medsafe.govt.nz/COVID-19/Comirnaty-Gazette.pdf> [↑](#footnote-ref-21)
21. <https://www.medsafe.govt.nz/COVID-19/status-of-applications.asp> pursuant to section 23(4) of the Medicines Act, with conditions on 28 October 2021 being valid [↑](#footnote-ref-22)
22. See footnotes 5 and 6. [↑](#footnote-ref-23)
23. <https://ourworldindata.org/mortality-risk-covid>; [↑](#footnote-ref-24)
24. [https://swprs.org/studies-on-covid-19-lethality/#age](https://swprs.org/studies-on-covid-19-lethality/%22%20%5Cl%20%22age) [↑](#footnote-ref-25)
25. <https://www.worldometers.info/coronavirus/coronavirus-death-rate/> [↑](#footnote-ref-26)