

[your name]  
[address]  
[city state zip]

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[company 1]  
[address]  
[city state zip]

RE New Medical Interventions

[Date].

Greetings,

We have an agreement that has been in place since approximately \_\_\_\_\_. The summary of our agreement is that I provide professional services, including \_\_\_\_\_ and \_\_\_\_\_ in exchange for regular compensation.

I am now being asked to undertake certain medical interventions as a condition of continuing under the terms of our agreement and engaging in my profession. I have a series of questions before accepting any of these changes in our agreement.

The Civil Rights Act and the Americans with Disabilities Act does not require a physician's note to refuse any medical intervention (wearing a mask). Why are you telling me that I need a note from a licensed physician in order for me to refuse your medical intervention when you are not a licensed physician? Why do I need a physician's approval to exercise my right to informed consent and refuse a medical intervention from you, when I don't need to do that for my own physician? Why are you any different and how are you able to force medical interventions without a license or insurance or any qualifications and without any judicial review?

If you are telling me I need a licensed physician statinempted from wearing a mask, why is no doctor required to impose the medical intervention

What law requires me to waive my rights as a new condition of employment, and what law permits my employer to violate my rights to informed consent and laws prohibiting the unlicensed practice of medicine as a condition of my employment? Please be advised that "at-will" employment does not indemnify you for imposing illegal conditions and violating my rights.

**When have you, as my employer, been delegated the pertinent authority and obligations from the Department of Health to act in the capacity of a health officer? Are you acting upon a physician's affidavit identifying me specifically, as having any certain communicable disease? Have you obtained an order from a court in which I was afforded a hearing, such that the order compels me to undertake any medical intervention?**

Does wearing a mask, allowing my temperature to be taken and providing a tissue sample for testing prevent disease, and will you guarantee this? What I want to know is, if I contract *or transmit* any disease, for which you claim the intervention is intended to prevent, while also following your medical interventions, will you insure me against claims made by others I might infect, and will you compensate me for medical care and supplement my family's income for lost wages.

By following your medical intervention, are you able to obtain insurance so that if I die or suffer other adverse health consequences, either from your interventions or from the effects you claim they are intended to prevent, will you be able to compensate myself and my family for any resulting financial losses and medical care?

Are you insured to cover these possibilities or do you qualify for insurance that would cover these risks?

Do you have a license, insurance and training for requiring the specific medical intervention of wearing a mask, collecting vital statistics (such as temperature and tissue samples)?

Can you warrant that following any of your medical interventions is a medical necessity that is supported by recent and pertinent scientific findings?

Can you warrant that following any of your medical interventions would not violate any long-standing health and safety standards, such as those established by the Occupational Safety and Health Administration?

Can you provide me with supporting clinical studies so that I can determine the risks and benefits for my health?

Can you cite any recent changes in the law that do not protect my right to informed consent?

Can you warrant that your medical interventions are not part of any epidemiological experiment, or if they are, that the experiment (clinical trial) been approved by the Food & Drug Administration?

Can you guarantee the efficacy of any test that uses tissue samples in any of your recommended medical interventions? And which of these tests has been approved by the Food & Drug Administration?

Has your organization received or applied for any compensation or funding under the Emergency Use Authorization program? In other words, is your organization being paid to promote, recommend or require any medical interventions? If yes, please describe what training, equipment, supplies, funding and insurance you have been given or become eligible to receive under these circumstances.

Is your organization being required by a specific law to implement these medical interventions? If yes, please provide me with a legal citation.

Does your organization have a duty of any kind to protect the public from any risk or danger?

Does your organization have the capacity to protect the public from any risk or danger?

Please describe the risks or dangers that your medical interventions are intended to prevent along with the scientific and statistical evidence demonstrating the severity of such risks or dangers.

Have you consulted with any physicians or attorneys on the foregoing issues? Does your organization have the legal right and medical competence to require these interventions as a condition of any agreements? Can you provide a copy of an opinion letter from a physician and from an attorney on these matters?

I'm sure you may need time to review these questions and discuss them with others, but please respond, in writing, within 21 days. In the meantime, please sign the attached indemnification agreement and return it to me with a copy of your insurance binder.

Sincerely,

[your name]

## INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_ the \_\_\_\_\_ for \_\_\_\_\_, (the company) am authorized to bind the company into this agreement.

The company does hereby indemnify [your name] and guarantee, as evidenced by the enclosed insurance binder, that [your name] will not be infected by any disease, and will not be held liable for infecting anyone else, by undertaking the company's requested medical intervention, such as wearing a medical device (face mask) or submitting to a medical examination (body temperature) or giving other vital statistics or tissue samples.

A copy of the company's insurance binder proving that it has sufficient insurance is included herewith.

DATED this \_\_\_\_ day of \_\_\_\_\_ 2020.

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