

Statement of Declination for Offer of Influenza Vaccine Product

1. **YOUR NAME**, a living woman retain and reserve all of my God-given rights including sole possession and sole use of all my biological materials which are granted to me by my Creator.

My employer and location of employment have offered an influenza vaccination product to me pursuant to and satisfying the requirements of **YOUR STATE** Health & Safety Code **COPY AND PASTE INFLUENZA HEALTH AND SAFETY CODE HERE.**

I retain the right to decline all attempts to access, influence and or otherwise alter any and all of my God-given biological material and or biological systems which are unique, flawless and original design and craftsmanship of my Creator and of which my Creator has granted me sole possession, proprietorship and use of.

I require that any and all product offered to me by my employer or workplace be both entirely retrievable from and also removable in its entirety from my body, person, and womanhood at the conclusion of each and every work period and or work shift and also and again at the completion of my contractual obligations with my location or employment, and or employer.

Pursuant to my above statement, I decline the offer for influenza vaccination product.

By: **YOUR SIGNATURE**
YOUR PRINTED NAME
All Rights Reserved

DATE