

## NOTICE OF REFUSAL TO CONSENT TO MEDICAL PROCEDURE

I, \_\_\_\_\_ am of the age of majority in Idaho and am of sound mind and capable of making my own decisions related to health care.

\_\_\_\_\_ I hereby submit with this Notice a certificate signed by a physician licensed by the State Board of Medicine stating my physical condition is such that the COVID-19 shots now available may endanger my or my child's life, health, or future well-being.

\_\_\_\_\_ I hereby conscientiously object on religious or other grounds to the taking of any of the COVID-19 shots now available. I have no intention of evading the truth by this representation.

Pursuant to Idaho Code section 39-8303 (1): Subsection (2) of that section not applying, an employer shall not, in connection with a hiring, promotion, retention or other related decision: (a) Access or otherwise take into consideration private genetic information about an individual; (b) Request or require an individual to consent to a release for the purpose of accessing private genetic information about the individual; (c) Request or require an individual or his blood relative to submit to a genetic test; or (d) Inquire into the fact that an individual or his blood relative has taken or refused to take a genetic test. I now have no need for a COVID-19 shot.

**There is NO compelling need for my private genetic information or medical needs related to it to be disclosed to a present or future employer due to the potential harm to my privacy interests.**

Pursuant to Idaho Code section 39-8304: Whenever the attorney general has reason to believe that any employer is engaging, has engaged, or is about to engage in any act in violation of this chapter, the attorney general may bring an action in the name of the State against that employer, including a claim for recovery of civil penalties of up to twenty-five thousand dollars (\$25,000) per violation and reasonable expenses, investigative costs, and attorney's fees.

Pursuant to Idaho Code section 41-6002 (8): "Vaccine" means any preparations of killed microorganisms, living attenuated organisms, or living fully virulent organisms that are approved by the federal food and drug administration and recommended by the federal advisory committee on immunization practices of the centers for disease control and prevention." I do not have information that the COVID-19 shot now available meets the definition stated above.

\_\_\_\_\_ I am not competent to consent to take any COVID-19 shot now available, because I cannot (1) comprehend the need for, (2) comprehend the nature of, or (3) comprehend the significant risks ordinarily inherent in the contemplated COVID-19 shot, including risks related to hospital, medical, surgical, or other health care, treatment, or procedure related to such shots.

**THEREFORE**, I hereby refuse to submit to the taking of any COVID-19 shot as a condition of my present or future employment, and request the recipient of this Notice respect my liberty interests related to my determination to maintain control of my physical body by not forcing compliance with a perceived need to have me submit to any medical procedure related to COVID-19.

Pursuant to Idaho Code section 9-1406, I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_

DATE: \_\_\_\_\_

By: \_\_\_\_\_