

**Acceptance of Responsibility and Liability in the Event of Adverse Reaction,
Severe Injury or Death Caused, due to the Administration of
[SARS-COV-2 (COVID-19) VACCINE]**

Authorised Person:

Position:

Address

In the event of adverse reaction, severe injury or death caused by the Administration of 'SARS-COV-2 (COVID-19) VACCINE'

To.....(name of the 'recipient')

I,.....(name of the 'Authorised Person',
hereby accept full liability for damages, Criminal and/or Civil or Tort.

I accept that the Therapeutic Goods Administration has only granted 'provisional approval' for the administration of the 'SARS-COV-2 (COVID-19) VACCINE'. I am fully aware of the contents of the 'SARS-COV-2 (COVID-19) VACCINE', which I am administering to the above named 'recipient'. I accept that there is no long term data to determine the safety and efficacy of the 'SARS-COV-2 (COVID-19) VACCINE'. Despite this knowledge, I am administering the named vaccine.

Definitions

'SARS-COV-2 (COVID-19) VACCINE': All the vaccines carrying the brand names, Oxford/AstraZeneca, Pfizer/BioNTech, Moderna, Johnson & Johnson/Janssen, to be administered for the 'COVID-19 Virus' and its subsequent strains and mutations.

'Authorised Person': Qualified General Practitioners, Nurses, Pharmacists, Paramedics, Military Officers, Law Enforcement Officers, authorised by the Australian State/Federal Governments, Department of Health (State and Federal), to administer the 'SARS-COV-2 (COVID-19) VACCINE' to the 'recipient'.

'COVID-19 Virus': Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus and its subsequent variants.

'Recipient': The person receiving the 'SARS-COV-2 (COVID-19) VACCINE'.

Signature:.....

Date:.....