

Republic of the Philippines)
City, Province) S.S.
x ----- x

AFFIDAVIT OF VACCINE ADVERSE EFFECT

Note: This affidavit pertains to incidents of serious vaccine impact and/or death of family/close friends. All information to be indicated here should be first-hand information that was either personally experienced or personally verified by the affiant. Hearsay or unverified information (e.g., rumor, gossip) cannot be included.

I, (Name), Filipino, (Age), (Married/Single/Separated/Widowed), with residence at (Address, Barangay, City, Province), after being duly sworn in accordance with law, hereby state that:

Part 1. General information

1. *Provide general information about yourself so that the reader of your affidavit can get to know you better. Are you married? How many children? Grandchildren? What is your livelihood? Do you do heavy physical or manual labor? What is your role in your family? at work? in your community?*

Part 2. State of Health Before Vaccination

2. *Describe your general state of physical, mental, and psychological health prior to vaccination. Were you generally healthy? Sickly? Did you have chronic diseases or comorbidities? If so, what were they? What was your normal energy level on a regular day? Did you have anxieties relating to your health? Please provide as much detail as possible.*

Part 3. Details of Vaccination

3.a. *Details of 1st dose — I was vaccinated with (Sinovac/Pfizer/AstraZeneca/Moderna/Sputnik/Johnson & Johnson/other vaccine). I received my first dose on (month, day, year) at (name of LGU unit/private hospital/public hospital/vaccination center).*

3.b. *Details of 2nd dose (only if applicable; for some vaccines, one dose is already a full dose) — I received my second dose of (name of (Sinovac/Pfizer/AstraZeneca/Moderna/Sputnik/Johnson & Johnson/other vaccine) on (month, day, year) at (name of LGU unit/private hospital/public hospital/vaccination center).*

Part 4. Why did you get vaccinated?

4. Explain why you got vaccinated, providing as much detail as possible. Possible answers include but are not limited to the following:

- I got vaccinated because I was afraid of contracting COVID-19.
- I freely chose to be vaccinated and was not forced or pressured by anyone.
- I was forced/pressured to be vaccinated by my:
 - Child/children
 - Parent/s
 - Grandparent/s
 - Relative/s
 - Boss/employer
 - Church/religious leader
 - Barangay Official
 - Other
- I had to get vaccinated because of regulations that allow only the vaccinated to fly, travel, enter shopping malls, dine in restaurants, etc.
- I had to get vaccinated because I had to travel.
- I had to get vaccinated for work.
- I had to get vaccinated because (*specify other reasons*).

Part 5. Information regarding vaccine side effects

5. Prior to administration of the vaccine, were you informed of the possible side effects of the vaccine? Please provide details.

5.a. If YES: The (*LGU/private hospital/public hospital/vaccination center*) informed me of the possible side effects. This was done through (*verbal briefing/leaflets/brochures*) given on (*month, day, year*). A copy of the leaflet is attached to this affidavit as Annex A.

5.b. Was a group briefing conducted before the vaccination started? If YES, what was discussed during the briefing? What information was given regarding negative side effects? Please provide details.

5.c. If NO: The (*LGU/private hospital/public hospital/vaccination center*) did not inform me of the possible side effects. There was no briefing conducted. There were no materials distributed.

5.d. *Were you made to sign a waiver not to blame the vaccine giver should you experience any side effect?*

If YES: I was made to sign a waiver prior to vaccination.

Part 6. Serious negative side effects experienced

6. *Did you experience any serious negative side effects after your vaccination? (After first dose? second dose? full dose of single dose vaccine?) Please tell your story, providing as much detail as possible. If you want to use a cell phone video, demonstrate what you felt. Please try to share everything that you experienced.*

Part 7. How did your life change after vaccination?

7a. *What life changes, if any, did you experience after vaccination? Were they major changes? Please describe in detail.*

7.b. *How different is your physical health now as compared to your health before you got vaccinated? Please provide details.*

7.c. *How different is your mental and emotional health now as compared to before you got vaccinated? Please provide details?*

7.d. *Was your source of income and/or earning capacity affected as a result of the vaccination? If so, how?*

7.e. *What lifestyle changes did you need to make, if any, as a result of the vaccination?*

7.f. *What are you doing now to maintain your health post-vaccination?*

Part 8. Post-vaccination reflection

8. Having gone through the vaccination process and knowing what I know now:

8.a. NO REGRETS — I do not regret my decision to get vaccinated and would do it again if I had to.

8b. REGRETS - I regret my decision to get vaccinated and wish I didn't do it at all.

Part 9. Reason for executing this affidavit

9. I am executing this Affidavit of my own free will to attest to the truth of the foregoing and for whatever legal purposes this may serve.

9.a. I am also executing this affidavit to (*choose if any of the following statements are applicable*):

inform the government and the public that the vaccines are dangerous;

urge the government and the public that they must stop vaccine mandates and all other subtle forms of vaccine coercion.

inform others that they should think very carefully first before they decide to be vaccinated.

warn others not to get pressured or forced to get vaccinated.

warn others so that they do not go through what I experienced.

Other reasons: please specify.

IN WITNESS WHEREOF, I have signed this declaration on (Month, Day, Year) at (Barangay, City, Province).

FULL NAME
Affiant

SUBSCRIBED AND SWORN to before me on the date and place above-mentioned, affiant exhibiting his/her (Government ID No.) issued on (date) at (place).

Doc. No. _____;

Page No. _____;

Book No. _____;

Series of 2021.